DOCUMENT RESUME

ED 199 380 CE 024 785

AUTHOR	Hole, F. Marvin
TITLE	Coordinated Inservice Activities for Health Occupations Teachers in Central Pennsylvania. Final Report. Health Occupations, Monograph Number 6. Vocational-Industrial Education Research Report. Volume 15, Number 16.
INSTITUTION	Pennsylvania State Univ., University Park. Dept. of Vocational Education.
SPONS AGENCY	Pennsylvania State Dept. of Education, Harrisburg. Bureau of Vocational and Technical Education.
PUB DATE	Nov 77
NOTE	365p.: Some pages will not reproduce well due to small, light print. For a related document see ED 160 741.
EDRS PRICE	MF01/PC15 Plus Postage.
DESCRIPTORS	*Allied Health Occupations Education; Allied Health Personnel; Coordination; *Curriculum Development; Day Care; *Dental Assistants; *Home Health Aides; *Inservice Teacher Education; *Instructional Improvement; Learning Activities; Medical Assistants; Participant Characteristics; Teaching Methods; Visual Aids; Workshops
IDENTIFIERS	Pennsylvania (Central)

ABSTRACT

This report contains a twenty-one page narrative of a project which provided inservice education to health occupations teachers in Central Pennsylvania through four summer workshops as well as the workshop materials. The narrative describes the workshops, which focused on dental assisting activities for health assistant teachers, improvement of instruction for health occupations, curriculum development for health assistant teachers, and curriculum development for home-health management teachers. A section on findings presents demographic characteristics of participants. The first four appendixes contain selected materials and handouts utilized in (1) Dental Assisting Activities for Health Assistant Teachers Workshop, (2) the Home-Health Assistant Curriculum Development Workshop, (3) the Health Assistant Curriculum Development Workshop, and (4) both the Home-Health Management Curriculum Development Workshop and the Health Assistant Curriculum Development Workshop. Materials in the first three appendixes include exercises, resource and reference lists, articles, information sheets, charts, and visual aids. The booklet, Easy-To-Do Toys and Activities for Infants and Toddlers, comprises the fourth appendix. The final (fifth) appendix is the paper, Guidelines for Clinical Experience in Health Occupations Education. (YLB)

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VOCATIONAL
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FINAL REPORT

COORDINATED INSERVICE ACTIVITIES FOR HEALTH OCCUPATIONS TEACHERS IN CENTRAL PENNSYLVANIA

F. MARVIN HOLE

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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VOCATIONAL – INDUSTRIAL EDUCATION **Research Report**

November 1977

Health Occupations, Monograph Number 6

Volume 15, Number 16
(Departmental Classification Number)

Coordinated Inservice Activities for Health Occupations Teachers in Central Pennsylvania

F. Marvin Hole

Division of Occupational and Vocational Studies
The Pennsylvania State University
University Park, Pennsylvania

November 1977

ACKNOWLEDGEMENTS

The author of this study wishes to express his sincere appreciation to those who gave their assistance throughout the duration of the project activities.

Special appreciation is extended to Tess Schearen and Jeannette Lewis for producing the fine materials that were used in the workshop they conducted, Home-Health Management Assistant Curriculum Development Workshop.

Thanks is expressed to Margaret Knaub from the Franklin County Area Vocational-Technical School and Saley McCloskey from the Columbia-Montour Area Vocational-Technical School for organizing, planning and conducting the Health Assistant Curriculum Development Workshop.

Appreciation is also extended to Myrtle Smith from the Forbes Road East Area Vocational-Technical School for her important part in successfully carrying out the Dental Assisting activities for Health Assistant Teachers.

A special thanks and sincere appreciation is expressed to those Area Vocational-Technical Schools which aided in the completion of this project. Appreciation is extended to the Schuylkill Area Vocational-Technical School for participating and piloting this program.

The Centre County Area Vocational-Technical School is also thanked for permitting their facilities to be used in conducting the Dental Assisting activities for Health Assistant Teachers. A special thanks is extended to the Franklin County Area Vocational-Technical School and the Columbia-Montour Area Vocational-Technical School.

Special appreciation is expressed to the Pennsylvania Bureau of Vocational Education and the Senior Health Specialist and Consultants for all their assistance in the conducting of the workshops.

Thanks is also extended to the Senior Home Economics Consultant and the Home Economics Field Consultants who so willingly contributed to the Home-Health Management Assistant Curriculum Development Workshop.

Thanks is extended to Carol Byrd-Bredbenner for her assistance in preparing this report.

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ABSTRACT

61049-3: Coordinated Inservice Activities for Health Occupations Teachers in Central Pennsylvania.

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Assistant Professor of Vocational Education
Division of Occupational and Vocational Studies
The Pennsylvania State University
119 Rackley Building
University Park, PA 16802
(814)865-3479

Purpose

The purpose of this project was to provide a coordinated effort to improve and expand the knowledge of health occupations teachers in Central Pennsylvania.

Workshops were held to provide improvement to a major vocational area that has had less than adequate direction and aid from vocational teacher education institutions. The topics that the four workshops dealt with were:

1. Home-health management assistant occupations education.
2. Health assistant curriculum development.
3. Dental assisting activities for health assistant teachers.
4. Methods of instruction for health occupations teachers.

Objectives

1. To provide up-to-date information relevant to health occupations education.

2. To provide continuity of effort in health occupations programs in Central Pennsylvania.

3. To strengthen health occupations programs in Central Pennsylvania by providing leadership in course design for new and emerging health occupational activities.

4. To provide teachers with inservice techniques for improving their teaching effectiveness.

5. To provide a means for preservice and inservice health occupations teachers to meet certification requirements.

Outcomes

The objectives of this project were accomplished through four summer workshops in health occupations education. These workshops focused on:

1. Dental assisting activities for health assistant teachers.
2. Improvement of instruction for health occupations.
3. Curriculum development for health assistant teachers.
4. Curriculum development for home-health management teachers.

Audience

The workshops provided instruction to health occupations teachers in Central Pennsylvania.

Publications and Available Material

- Final Report

CHAPTER I

BACKGROUND OF THE PROJECT

Introduction

Health occupations education programs are diverse and scattered throughout Pennsylvania. Due to the lack of organized programs in health occupations teacher education, there are no natural centers where health occupations teachers can meet for common instruction. The development of new techniques and the discovery of new knowledge creates a need for health occupations teachers to pursue advanced degrees and seek teacher certification. Accurate, up-to-date information for the health occupations educator is necessary so that continuity and improved instruction may result.

Need for the Study

There is a need to provide a means for bringing health occupations teachers together to discuss methods of strengthening and providing a common direction in health occupations education instruction. An organized program of advanced study for health occupations teachers is needed. In addition, provisions for improved instruction and leadership in developing and designing new courses are needed. There is also a need to provide guidelines for new and emerging clinical experience activities.

CHAPTER II

WORKSHOPS

The University Park Campus of The Pennsylvania State University was utilized for three of the workshops. The Centre County Area Vocational-Technical School was utilized for the dental assisting workshop as it required the utilization of a dental assistant laboratory area.

The workshops were conducted over a period of five days each during July and August, 1976. Each workshop covered specifically defined concepts and aimed to accomplish clearly delineated objectives. Specialists were utilized in providing imput on skills taught in each of the workshops.

These workshops aimed at aiding in the accomplishment of some of the Pennsylvania Department of Education Vocational Teacher Education priorities. The priorities the workshop dealt specifically with are: the development of inservice and institutional programs designed to assist school administrators with the solution of management problems; the development of flexible, competency-based teacher education programs, which include such features as life experience evaluation, field experiences, directed individual instruction, self-evaluation and differentiated staffing; and the implementation of activities aimed at preparing vocational education personnel to plan, initiate, administer and promote career development programs for youths and adults.

Workshop Contents

The topics dealt with in the workshops were chosen in conjunction to the needs of health occupations teachers.

The lack of organized programs in health occupations teacher education contributes to the lack of natural centers for such educators to meet for common instruction. The workshop provided a common meeting ground for health occupations teacher educators to discuss ways of strengthening health occupations and to attend a program of advanced study designed specifically for them. The workshops also aided in providing methods for the improvement of instruction as well as providing leadership in developing and designing new courses as well as guidelines for new and emerging clinical experience activities.

Dental Assisting Activities for Health Assistant Teachers

The workshop dealt with dental assisting activities and was specifically designed for health assistant teachers. The goal of this workshop was to analyze techniques and improve instruction in the dental assisting and health programs.

Workshop participants were exposed to numerous learning experiences. First, the philosophical, historical and organizational aspects of dental assisting were presented thus providing the basis for the workshop.

The first day of instruction focused on the dental team and its function as well as the duties that the health assistant may perform and the laws governing these duties. The afternoon session introduced comprehensive dental anatomy including bones of the skull and face, permanent and deciduous dentition, tooth anatomy, morophology and the charting of oral cavity conditions. Students were involved in group and individual activities.

Dental Instrumentation was the topic covered the second workshop day. Students participated in instrument identification, dental tray set-ups and instrument transfer in four handed dentistry activities.

Radiology in dentistry was selected as the third topic. Students were made aware of hazards and legal limitations in dental radiology. Safety and teamwork of the health team in radiology was emphasized. Bite wing X-rays were demonstrated and were followed up with students taking X-rays using a dummy block as the patient. Afternoon activities aimed at practicing skills learned earlier in the week. These activities included instrument transfer in four handed dentistry, dental charting and the use of dental aspirators.

The theory of taking periapical dental X-rays was covered on the fourth day of the workshop. Students were also instructed how to develop periapical dental X-rays. Discussion focused on radiographic pitfalls and how to overcome them. Students took and developed periapical X-rays using a dummy during the afternoon group activity.

The final meeting of this workshop emphasized patient education in preventative dentistry and home care. The importance of restorative dentistry was also included during the final session. The workshop concluded with an open discussion and a question and answer period.

Teacher certification requirements for the dental laboratory technician teacher in Pennsylvania public schools include: teacher is a certified dental laboratory technician with two (2) years documented experience as a dental laboratory technician; and the teacher is enrolled in a prescribed program of studies at an appropriate teacher education institution.

Home-Health Management Assistant Curriculum Development

The purpose of this workshop was to improve instruction for the

HEALTH OCCUPATIONS TEACHER EDUCATION WORKSHOP
I.Ed. 26v or 403v
(Dental Assisting Activities for Health Assistant Teachers)
August 9-13, 1976
2 Credits
The Pennsylvania State University
Department of Vocational Education
University Park, Pennsylvania

Program Director: Dr. F. Marvin Hole
Resource Specialist: Mrs. Myrtle Smith

PROGRAM

Monday, August 9, 1976

8:00 (AM)	Registration
9:00	Philosophy, History and Organization of Dental Assisting
10:00	The Dental Team and How it Functions
11:00	The Health Assistant and Dentistry
11:50	Duties that the Health Assistant and Medical Technician may Perform in the Field of Dentistry Laws Governing the Duties of the Trained Assistants Lecture will include classroom participation
1:00 (PM)	Basic Dental Anatomy - Group Activity Bones of the Skull and the Face Permanent and Decidious Dentition Parts of the Teeth - Anatomy
3:00	Surfaces of the Teeth - Morphology
3:00	Charting Some of the more Common Conditions Found in the Oral Cavity
3:50	Group Activity

Tuesday, August 10, 1976

9:00 (AM)	Lecture and Demonstration on Dental Instrumentation
11:00	Dental Tray Set-Ups - Instrument Transfere in Four Handed Dentistry
11:50	Group Activity: Instrument Identification
1:00 (PM)	Group Activity - Instrument Transfere Tray Set-Ups/Prophylaxis, Amalgam Restoration, Apoxy Restorations, Extractions, Removal of cysts, etc.
3:50	Question Period

Wednesday, August 11, 1976

9:00 (AM)	Radiology in Dentistry Hazards of Dental X-Rays Legal Limitations in Dental Radiology How to Take Dental X-Rays using the Safest Means Possible
11:00	Teamwork of the Health Team in Radiology How to Take and Develop Bite Wings
11:50	Demonstration - Bite Wing X-Rays
1:00 (PM)	Students will practice taking X-Rays, using a dummy block as the patient. Students will practice instrument transfere for four handed dentistry. Students will practice using the dental charts for charting. Students will practice using the dental aspirators.
3:50	Question Period

Thursday, August 12, 1976

9:00 (AM)	Theory of Taking Periapical Dental X-Rays How to Develop Periapical Dental X-Rays How to Care for the Developing Tank Following the Lecture there will be group activity.
11:50	Question Period
1:00 (PM)	Radiographic Pitfalls
2:00	Students will take and develop periapical X-Rays using a dummy. Open Classroom Discussion on Techniques

Friday, August 13, 1976

9:00 (AM)	Patient Education in PREVENTIVE DENTISTRY and HOME CARE
11:50	Importance of Restorative Dentistry
1:00 (PM)	Summary
2:30	Open Discussion
3:15	Question and Answer Period Evaluation

home-health management assistant teacher in the area of curriculum development, learning techniques of preparing and presenting instructional materials, and clinical activities for this program.

Certification requirements for entering as a teacher in health assistant programs in Pennsylvania public schools include: teacher shall be a graduate of an approved school of professional nursing and currently licensed as a Registered Nurse in the Commonwealth of Pennsylvania; and the teacher has one (1) year of recent documented approved general staff experience; and teacher is enrolled in a prescribed program of studies at an appropriate teacher education institution.

Methods of Instruction for Health Occupations Teachers

This workshop provided the student with a historical and philosophical background of vocational education and how health occupations share this very same background. The learning process of the average student, as well as the special needs student was reviewed.

The four step teaching method was presented in the second day of the workshop. The participants received instruction in writing performance objectives, that were precise and included the method of evaluation within the objective. Lesson plan design and preparation activities stressed the importance of knowing in advance what is to be done during the classroom instruction period, as well as what is to be accomplished through the particular lesson. Evaluation of lesson plans aided workshop members in grasping the importance of

HEALTH ASSISTANT CURRICULUM DEVELOPMENT WORKSHOP

The Pennsylvania State University
University Park, PA 16802
August 2 - 6, 1976

Health Assistant Curriculum Development

I. Introductions

II. Review of Workshop Activities

III. Health Occupations Education Programs

  A. Health Assistant

  B. Special programs

    1. Nursing Assistant
    2. Dental Assistant
    3. Medical Office Assistant
    4. Home Health Management
    5. Medical Laboratory Assistant
    6. Health Related Technology

IV. Health Assistant

  A. Definition

  B. Purpose

  C. Philosophy

    1. Vocational Education
    2. Health Occupations
    3. Health Assistant

  D. Teaching Methods

  E. Considerations when planning curriculum

  F. Craft Committee

  G. Articulation

  H. Course Content

    1. Introduction to Medical science
    2. Basic procedures for bedside care
    3. Medical Office Assistant
    4. Dental Assistant

V. Leadership Skills

VI. Instructional Materials

  A. Workbooks

  B. Games

  C. Projects

  D. Visual Aids

knowing how and when activities are to be carried out and to provide meaningful learning experiences for the students.

On the third day of the workshop the group was divided into two smaller groups. Group one received instruction on the instructor's role in shop organization and management and shop safety. During this time, Group II practiced micro teaching. The two groups switched activities at the afternoon session so that all participants were involved with each activity.

Instructional media preparation, purchasing and evaluation was covered on the fourth day. Participants were encouraged to carefully evaluate all media on the basis of: applicability and suitability to their particular situation, workmanship, cost, and necessity.

The last day of the workshop covered student evaluation. The whole realm of student evaluation was emphasized reiterating that performance, attitudes, and student characteristics must all be considered in deriving grades. The fact that the validity of evaluation instruments can be increased when the instrument itself and objectives are prepared concurrently was stressed.

Activities that vocational students can become involved in and benefit from were discussed. The value of these activities is that they often aid students in choosing a specific vocation or occupation, thus enabling them to gain more in-depth training while in the vocational technical program. The need for vocational teacher certification in addition to requirements necessary to obtain such certification credentials was discussed. The workshop concluded with a discussion evaluating and summarizing the workshop's subject matter and teaching strategies.

Methods of Instruction for Health Occupations Teachers
I.Ed. 26v or 412v - 2 credits
The Pennsylvania State University
Department of Vocational Education

Program

Monday, August 16, 1976

8:30 - 8:45 a.m.	Registration
8:45 - 9:15 a.m.	Welcome and Introduction of Workshop Staff - Dr. F. Marvin Hole
9:15 - 10:10 a.m.	Orientation to Vocational Education - Dr. Hole
10:10 - 10:35 a.m.	Break
10:35 - 12:00 noon	History and Philosophy of Vocational Education - Louise Harding
12:00 - 1:00 p.m.	Lunch
1:00 - 1:45 p.m.	History, Philosophy and Organization of Health Occupations Programs - A. Louise Harding
1:45 - 2:30 p.m.	The Role and Responsibilities of the Health Occupations Education Teacher - Dr. Hole
2:30 - 2:45 p.m.	Break
2:45 - 3:45 p.m.	The Learner and Learning - Dr. Hole
3:45 - 4:45 p.m.	The Learner with Special Needs - Dr. Hole

Tuesday, August 17, 1976

8:30 - 10:00 a.m.	Teaching - The Four Step Method - Dr. Frank W. Adelman
10:00 - 10:30 a.m.	Break
10:30 - 12:00 noon	Writing Performance Objectives - Mr. Howard Markle
12:00 - 1:00 p.m.	Lunch
1:00 - 2:30 p.m.	Designing Lesson Plans - Dr. Frank W. Adelman
2:30 - 3:00 p.m.	Break
3:00 - 4:30 p.m.	Lesson Plan Preparation - Dr. Frank W. Adelman

Wednesday, August 18, 1976

8:30 - 10:00 a.m.	Micro Teaching, 111 Chambers
10:00 - 10:30 a.m.	Break
10:30 - 12:00 noon	Micro Teaching, 111 Chambers
12:00 - 1:00 p.m.	Lunch
1:00 - 2:30 p.m.	The Instructor's Role in Laboratory Organization and Management - Mr. Harry Kraft
2:30 - 3:00 p.m.	Break
3:00 - 4:30 p.m.	Laboratory Safety - Dr. Ray Wahl

Thursday, August 19, 1976

8:30 - 10:00 a.m.	Instructional Media - Mr. Gerald Funk
10:00 - 10:30 a.m.	Break
10:30 - 12:00 noon	Instructional Media - Mr. Gerald Funk
12:00 - 1:00 p.m.	Lunch
1:00 - 2:30 p.m.	Methods of Teaching - Dr. Frank W. Adelman
2:30 - 3:00 p.m.	Break
3:00 - 4:30 p.m.	Evaluation - Dr. Hole

Friday, August. 20, 1976

8:30 - 10:00 a.m.	Micro Teaching
10:00 - 10:30 a.m.	Break
10:30 - 12:00 noon	Micro Teaching
12:00 - 1:00 p.m.	Lunch
1:00 - 2:00 p.m.	Vocational Student Activities - Mr. Donald E. Evans
2:00 - 2:30 p.m.	Break
2:30 - 3:00 p.m.	Certification - Dr. S. T. Brantner
3:00 - 4:00 p.m.	Evaluation and Summary - Dr. Hole

CHAPTER III

FINDINGS

The demographic characteristics of the workshop participants are presented in this chapter.

Individual responses were totalled and presented in table form.

Subject Certification

Table 3.1 presents the subjects teachers participating in each of the three workshops were certified to teach. A majority of the teachers were certified to teach in two or more subject areas.

Occupational Experience

Table 3.2 presents the findings concerning the occupational experience of workshop participants. An overwhelming majority of the participants had occupational experience in nursing. Dental assisting occupational experience was the second most prevalent type of experience participants had.

Years of Experience

Table 3.3 summarized the total number of years of experience participants had accumulated. Nursing was the occupational experience in which most participants had experience. A vast number of years of experience was evidenced in this field. Dental assistants had the second most number of years of experience. Some participants did not indicate how many years of experience they had accumulated, therefore, it was not possible to summarize this information for the table.

TABLE 3.1

SUBJECT CERTIFICATION OF TEACHERS PARTICIPATING IN HEALTH OCCUPATIONS EDUCATION WORKSHOPS

	Dental Assisting Workshop	Methods in Health Occupations Education Workshop	Home-Health Management Asst. Workshop
Health Assistant	2	1	3
Nurses Aid/Pracitcal Nurse	0	0	3
Dental Assistant	3	1	0
Health Occupations	1	2	0
Medical Assistant	0	0	3
Cooperative Education/Supervisor	0	1	3
Vocational Interim	5	0	0
Related Subjects	0	1	3

TABLE 3.2

OCCUPATIONAL EXPERIENCE OF WORKSHOP PARTICIPANTS

	Dental Assisting Workshop		Methods in Health Occupations Education Workshop		Home-Health Management Asst. Workshop	
	Percent	Number	Percent	Number	Percent	Number
Nursing	50%	4	66%	4	75%	9
Medical Lab Technician	0%	0	0%	0	8%	1
Dental Assistant	50%	4	16%	1	8%	1
Home Economics Teacher	0%	0	16%	1	0%	0
Special Needs	0%	0	0%	0	8%	1
Research	100%	8	100%	6	100%	12

TABLE 3.3

TOTAL YEARS OF EXPERIENCE OF PARTICIPANTS IN WORKSHOP

	Dental Assisting Workshop	Methods in Health Occupations Education Workshop	Home-Health Management Asst. Workshop
Nursing	44	50	93
Medical Lab Technician	0	0	18
Dental Assistant	60	2	2
Home Economics Teacher	0	*	0
Special Needs	0	0	4

*Number of years experience not specified.

Average Number of Years of Experience

Table 3.4 illustrates the average number of years of experience participants in the workshop had. Overall, the nursing occupations had the highest average number of years of experience. However, participants in the Dental Assisting workshop had a higher average number of years of experience in dental assisting than any other workshop and field. When the number of years experience was not specified by participants, averages could not be computed.

Range of Number of Years of Experience

The findings presented in Table 3.5 present the range of number of years of experience of participants in the workshops. The Dental Assisting Workshop had the widest range of years of experience with years ranging from 2 to 35.

State Residents of Participants

Table 3.6 presents the number of workshop participants residing in Pennsylvania or out-of-state. The majority of the participants in all workshops resided in Pennsylvania. However, each workshop did have participants from a state other than Pennsylvania. Participants from out-of-state gained knowledge of the workshops in various ways. For example, one participant's school where she was employed reviewed a copy of "Penn State, Advanced Study, Eight Week Summer Term, June 22 - August 20, 1977." An administrator from her school was a vocational-industrial graduate from The Pennsylvania State University, and encouraged her to attend the workshops.

TABLE 3.4

AVERAGE NUMBER OF YEARS OF EXPERIENCE OF PARTICIPANTS IN WORKSHOP

	Dental Assisting Workshop	Methods in Health Occupations Education Workshop	Home-Health Management Asst. Workshop
Nursing	11	12.5	10.33
Medical Lab Technician	0	0	18
Dental Assistant	15	2	2
Home Economics Teacher	0	*	0
Special Needs	0	4	0

*Numbers of years experience not specified, therefore average number of years of experience could not be computed.

TABLE 3.5

RANGE OF NUMBER OF YEARS OF EXPERIENCE OF PARTICIPANTS IN WORKSHOP

	Dental Assisting Workshop	Methods in Health Occupations Education Workshop	Home-Health Management Asst. Workshop
Nursing	3-22	3-24	3-20
Medical Lab Technician	0	18*	0
Dental Assisting	2-35	2*	2*
Home Economics	0	0	**
Special Needs	0	4	0

*Only one person was in this category, therefore no range could be derived.

**Number of years of experience not specified, therefore no range could be derived.

TABLE 3.6

NUMBER OF PARTICIPANTS RESIDING IN PENNSYLVANIA AND OUT OF STATE

	Dental Assisting Workshop	Methods in Health Occupations Education Workshop	Home-Health Management Asst. Workshop
Pennsylvania Resident	6	4	10
Out-of-State Resident	2	2	2

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

Summary

The need for providing a means for bringing health occupations teachers together to discuss methods of strengthening and providing a common direction in health occupations education instruction will continue to grow in the future.

If such personnel are to meet state certification requirements or qualifications to teach, programs to prepare them adequately to assume teaching roles must be developed. Additionally, an organized program of advanced study for health occupations will be demanded more widely then ever before. Both the preservice and inservice health occupations education instructors need a better and more widely spread course of study available to them.

Provisions for improved instruction and leadership in developing and designing new courses are needed. Technology advances so rapidly that current methods, techniques and learning soon become obsolete, therefore, it is imperative that health occupation education instructors keep up-to-date in their field. Thus, there is an ever-increasing need to provide guidelines for new and emerging clinical experience activities.

The study indicated that an overwhelming majority of the participants had experience in nursing with dental assisting second. Few participants had experience in other fields of health occupation education, i.e. Medican Lab Technician, Home Economics, etc.

Regarding teaching certificates held, a vast majority of the respondents held teaching certificates. The participants having teaching certificates were usually certified to teach more than two subject areas in health occupations education.

Recommendations

Based upon the findings of this study, the following recommendations are presented:

1. Inservice activities for health occupations education instructors be provided on a continuous basis,
2. Inservice activities be implemented as a comprehensive program for all health occupations education categories,
3. The delivery of inservice activities be conducted at times and locations most convenient for the health occupation education instructors,
4. The inservice activities be available for both undergraduate and graduate college credit.

APPENDIX A

Selected Materials Utilized in the Dental Assisting Activities for Health Assistant Teachers Workshop

PHILOSOPHY OF DENTAL ASSISTING COURSE

The dental assisting course is a segment of health occupations education. It is designed for students in the junior and senior years of high school. It introduces the student to the dental health occupations and the responsibilities of those employed in them. The course is based on the principles of science and business which will enable the student to function adequately and safely as an entry worker in the field of dental health. It provides an opportunity of the individual as a citizen. The course also provides adequate learning experiences for acquiring knowledge and developing those skills and attitudes which will enable the student to perform effectively as a dental assistant.

TRAINEE QUALIFICATIONS

Mental Ability

Since the secondary vocational education program for dental assistants is taught on a post high school level students are required to have an average of 100 or better on the Standard Benit I.Q. Test.

Physical Ability

Due to close contact with people and to office responsibilities, it is imperative that the dental assistant have good mental, physical and oral health.

Aptitude

The trainee should demonstrate a satisfactory score on an aptitude test and have good manuel dexterity associated with mental competence and masturing judgement.

Personal Traits

The student should have a pleasing personality, pleasant voice, good appearance, ability to meet people, and an interest in people. Integrity, cleanliness and good grooming are essential.

Prerequisites

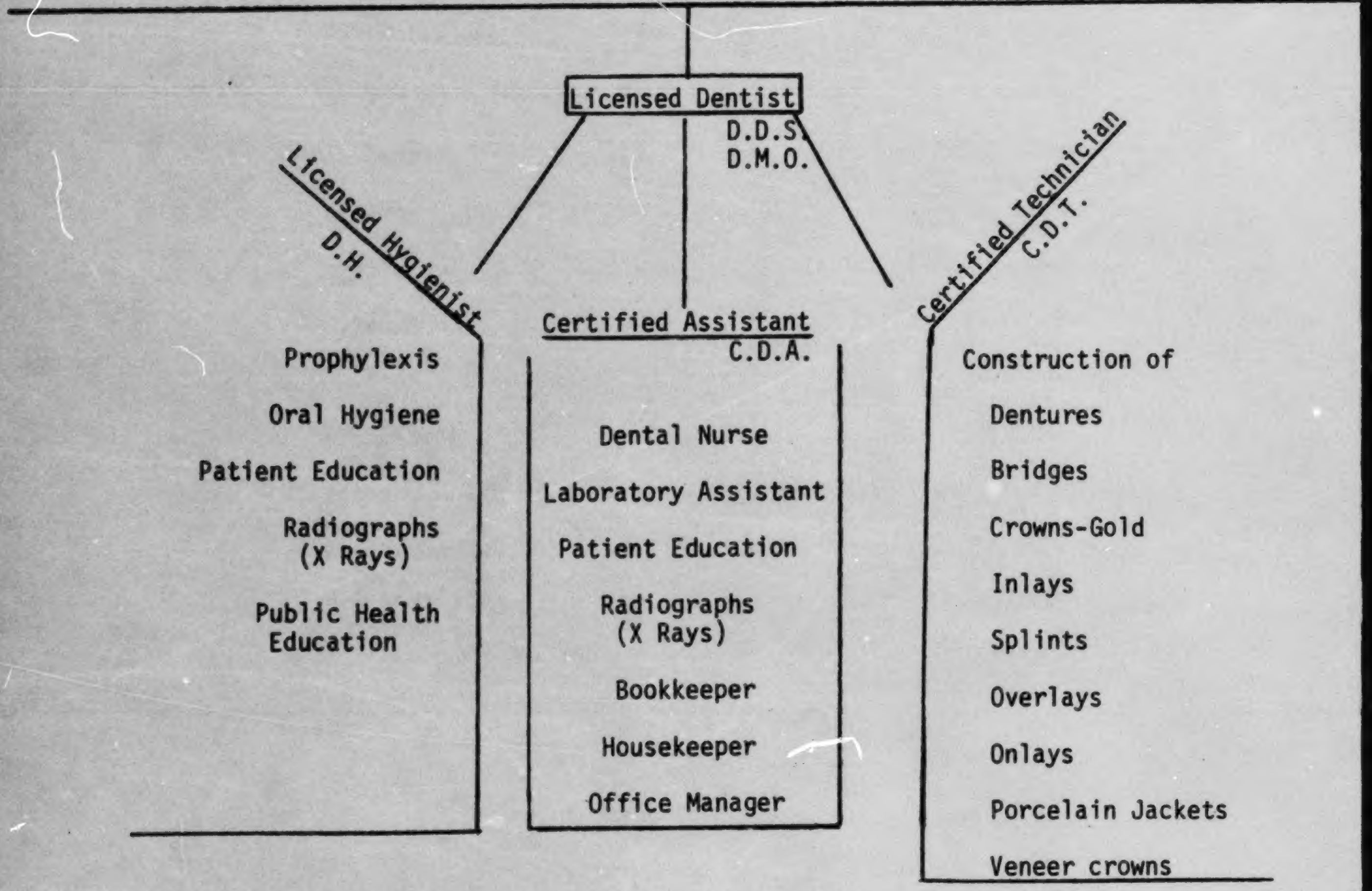
The trainee should have completed the 10th grade. It should follow the health assistant course rather than precede it. The trainee should have a C (2.0) average or better for the ninth and tenth grades in their academic subjects.

The student should show a sincere interest in dental assisting. Biology, Chemistry, History, English, and Mathematics (one year algebra) is required. One year of typing, shorthand, and bookkeeping is desirable.

INSTRUCTION TIME

The dental assisting program at Forbes Road East Area Vocational Technical School consists of two 540 hour terms. The students spend one half of their school day at their home high school and the second half of their day at our vocational school, preparing to become Dental Assistants. In the 1080 hours, the students attend more than fifty per cent of the time in supervised practical clinical practice, the remainder of the time is spent in laboratory and non-clinical sciences. Additional clinical experience is gained by students spending time in dental offices on a Co-op program. Two weeks of practical clincial experience is gained by the students spending two weeks full time at the University of Pittsburgh Dental Clinic, assisting at chairside.

DUTIES OF THE HEALTH TERM


Licensed Dentist
D.D.S.
D.M.O.
Licensed Hygienist
D.H.
Prophylexis
Oral Hygiene
Patient Education
Radiographs
(X Rays)
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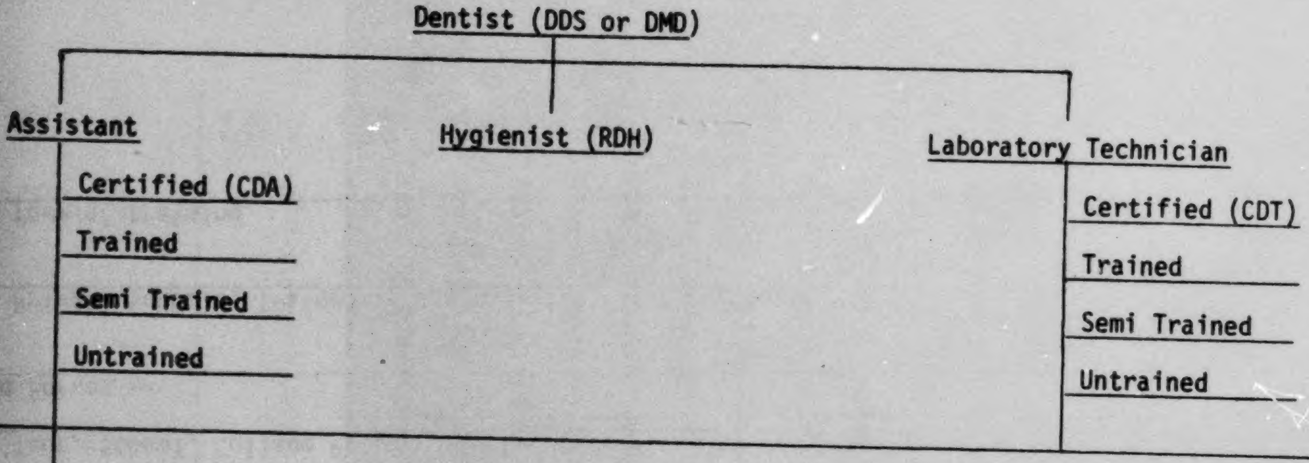
Laboratory Assistant
Patient Education
Radiographs
(X Rays)
Bookkeeper
Housekeeper
Office Manager
Certified Technician
C.D.T.
Construction of
Dentures
Bridges
Crowns-Gold
Inlays
Splints
Overlays
Onlays
Porcelain Jackets
Veneer crowns


Dentist (DDS or DMD)
Assistant
Certified (CDA)
Trained
Semi Trained
Untrained
Hygienist (RDH)
Laboratory Technician
Certified (CDT)
Trained
Semi Trained
Untrained

Required Education

Dentist - 2 yrs. undergrad., 2 yrs. predent, 4 yrs. dental school
[specialist additional 2 yrs., plus Boards

Certified (1080 - Approved ADA, ADAA, Program plus Board

Trained 1080 - Voc. Tech. Dental Assisting Program Approved By State and Federal Gov.

Semi Trained - Private Schools Not Approved By ADA, ADAA

Untrained - No Formal Training

Hygienist

1 year or 2 year College Program Approved by
ADA, ADHA, State Ed. Dept. plus State Boards.
This is not a degree program (1 year).
This may lead toward a degree (2 years)
in some schools.

Dental Technician

Certified — Upon recommendation take test in specific area of lab work — No specific requirements necessary
as to educational background.

Trained — Voc. Tech. School, College Program, — No specific number of hours required
Armed Forces —

Semi Trained — Private Schools, Trained in a dental laboratory or dentist

Untrained — No form of training

Bones of the Face and Cranium

		location
1	Frontal	
2	Maxilla (ae)	
2	Zygomatic Arch (process	
1	Mandible	
2	Nasal Process	
1	Vomer	
1	Palate (ine process)	
1	Alveolar Process	
2	Temporal	
2	Greater Wing of Sphenoid	
2	Parietal	
1	Occipital	
2	Auditory External Acoustic Meatus	
1	Styloid Process	
2	Ethmoid	
2	Mastoid Process	
1	Hyoid	Suspended from Styloid process by ligament - Muscles of the tongue.

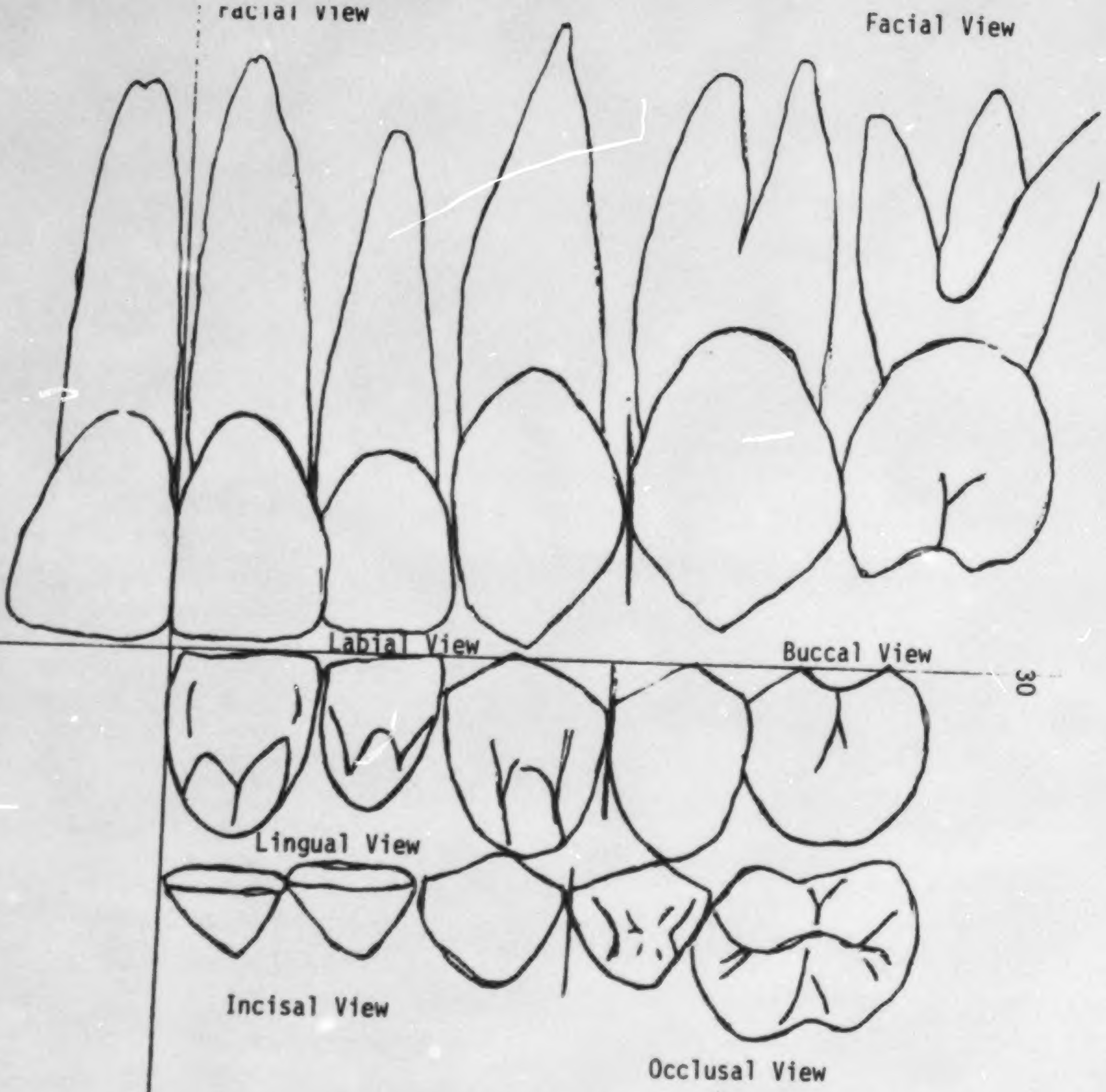
Class I

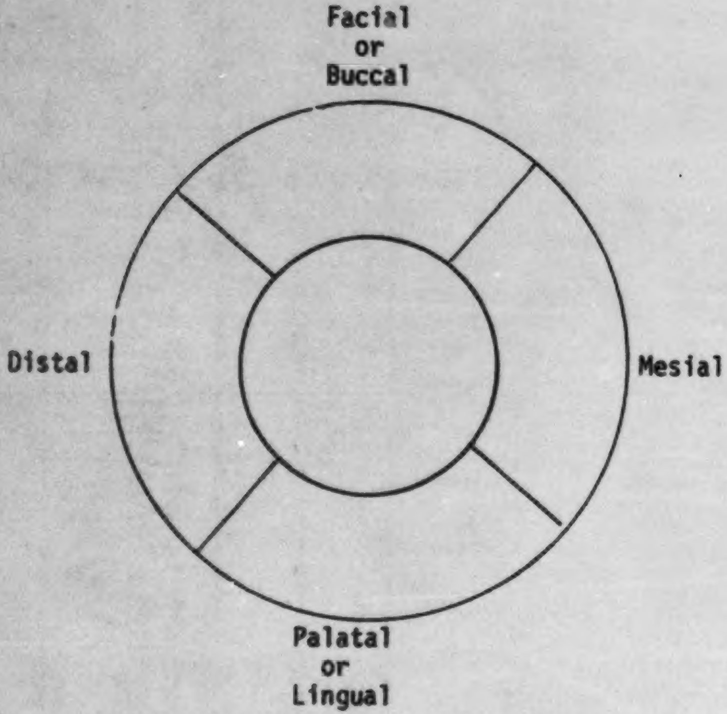
Class II

Class III

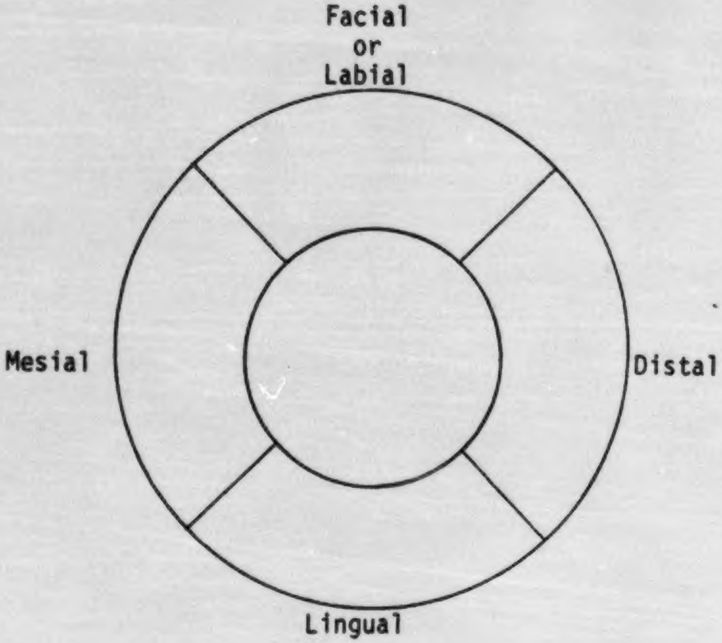
Class IV

Class V


Facial View
Facial View
Labial View
Buccal View
30
Lingual View
Incisal View
Occlusal View


Facial
or
Buccal
Distal
Mesial
Palatal
or
Lingual

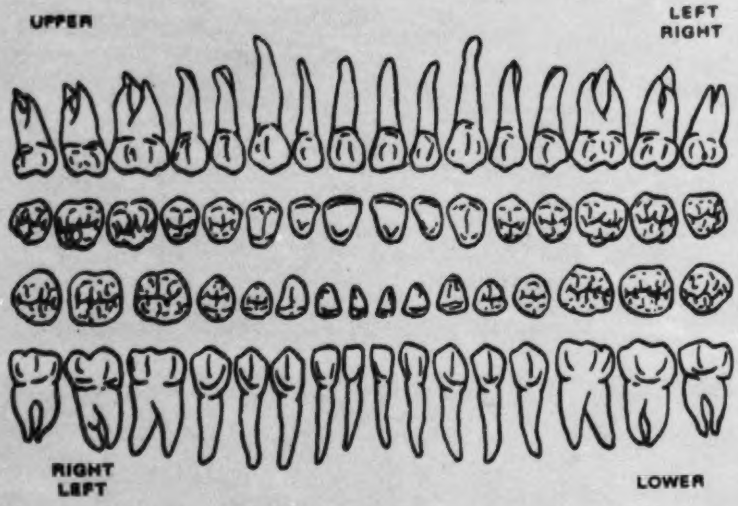
42


Facial
or
Labial
Mesial
Distal
Lingual

43

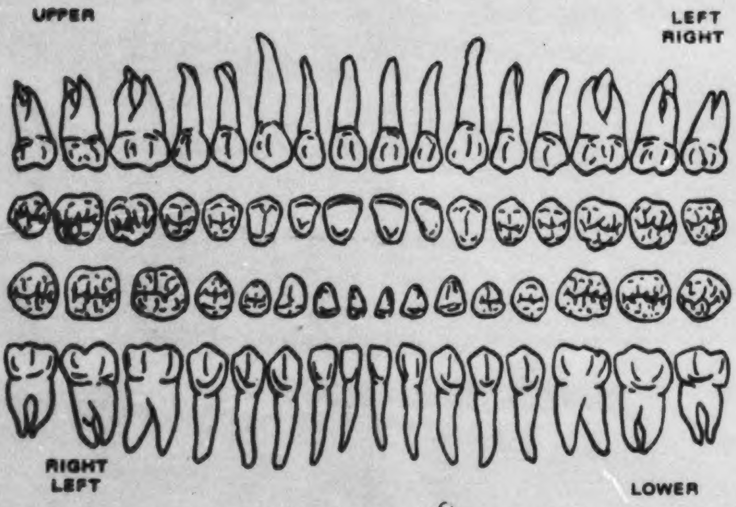
CHARTING EXERCISE

1. impacted
2. MOD caries
3. occ. amalgam
4. class V, buc. caries
5. M pit amalgam
6. missing
7. D caries
8. ling., M caries-class IV
9. M & D adaptic
10. F decay and lin. amalgam
11. class IV, D caries
12. ok
13. occ. caries
14. class II, M amalgam
15. class V, B caries
16. to be extracted
17. MOD caries
18. buc. caries, class V
19. missing
20. F,M caries
21. class I amalgam
22. class III, M,D caries
23. ok
24. class V, adaptic
25. M caries
26. class IV, D caries
27. missing
28. DO amalgam, drifting
29. occ. amalgam
30. MO caries
31. MOD amalgam
32. impacted, to be extracted



Charting Exercise

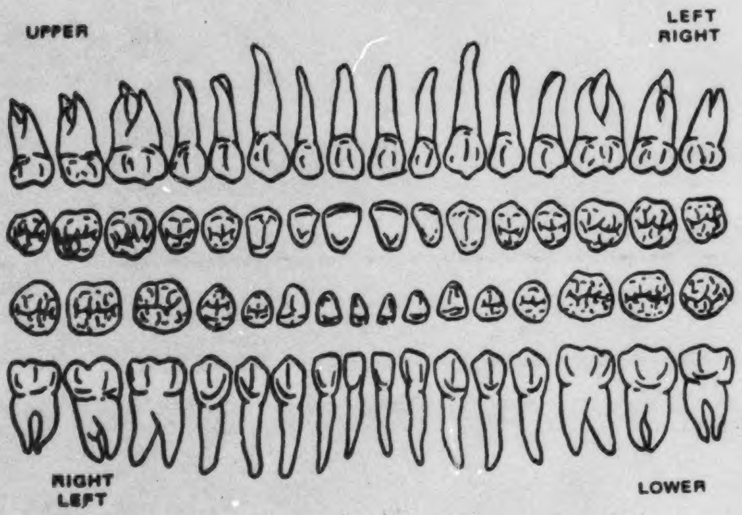
1. unerupted
2. DO amalg. R.
3. Buc. pit cavity
4.
5. M & D pit amalg. R.
6.
7. abcess
8. PJC
9.
10. fac. C 5 tooth color R.
11.
12. missing
13. drifting
14. occ. decay
15.
16. to be ext.
17. impacted
18. missing
19. occ. decay
20.
21. fac. C5 tooth color R.
22.
23.
24. ling. amlg. Cl R.
25.
26. M tooth color R.
27.
28. occ. decay
29. C 2 D. amalg. R.
30. occ. to ling. amalg. R.
31. full g. crown
32. impacted



CHARTING EXERCISE

1. to be extr.
2. MOD g. inlay
3. Occ. caries
4.
5. missing
6. CL.5, fac. tooth color rest.
7.
8. PJC.
9. C.3, M tooth color
10.
11.
12. C.1 caries
13.M. pit, amal., D decay
14. DO amag.
15.
16. unerupted

17. unerupted
18. C.5 B caries
19. D, M pit amalg.
20.
21. g.w/proc. fac.
#21. pontic
22.
23. abscess
24.
25. C.5 ling. amag.
26. C.4 M tooth color
27.
28. occ. amalg.
29.
30. D pit caries
31.
32. unerupted



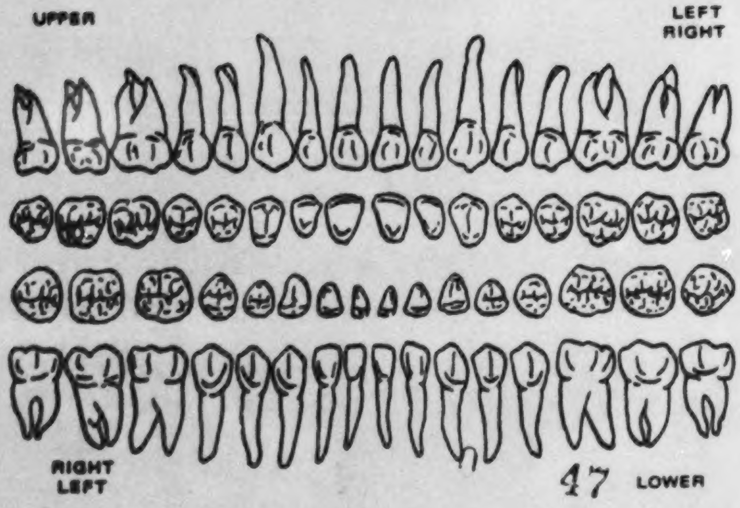
CHARTING EXERCISE

UR
8. occ. decay
7. MO amalg., D pit amalg.
6. ling. pit ama.,sm. occ. ama.
5. occ. decay
4. missing
3. RCT
2. fac. C.5 adaptic
1. M, adaptic

UL
1. PJC
2. PJC
3. C.4.D adaptic
4. missing
5. M C,2 decay
6. MODB g. inlay
7. DO ama.
8,

LL
16. impacted
15. occ. ama., B pit ama.
14. MOD ama.
13. C.5 buc. decay
12. missing
11.
10. C.6 adaptic
9. C.4 M adaptic

LR
9. C.3 D adaptic
10.
11. fac. adaptic
12. missing
13. M pit, D pit ama.
14. occ. decay, buc, pit ama.
15. F. g. cr.
16. impacted



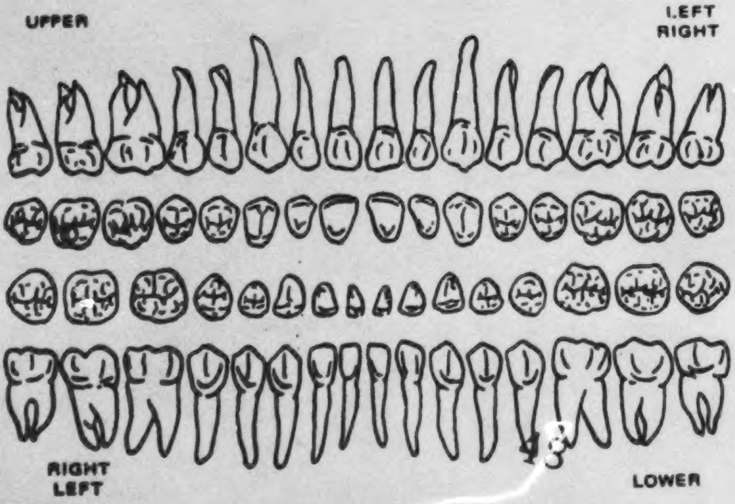
CHARTING EXERCISE

UR
8. unerupt
7. f. g. cr.
6. M. pit and D pit decay
5.
4.fac. C.5 tooth col.
3.
2. RCT, ling,C.1 ama.
1

UL
1. M decay
2.
3.
4. M pit and D pit amal.
5. Do amal.
6.
7. Mo-D pit amal.to ling.
8. unerupt

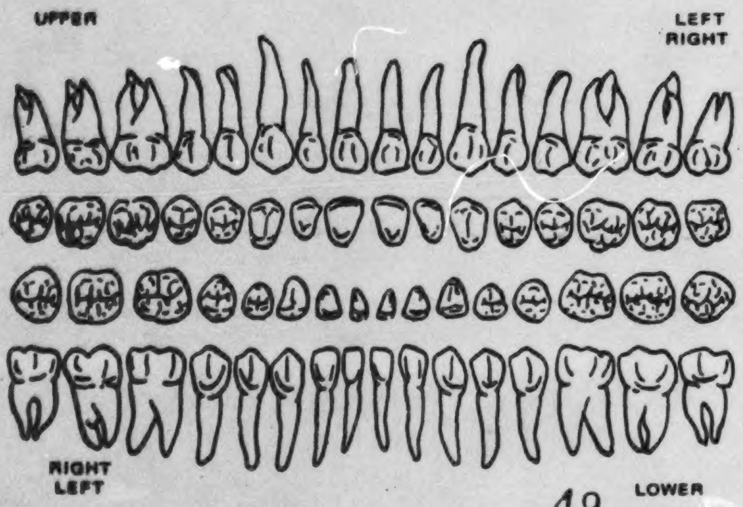
LL
8. impacted
7.
6. MO and D pit to ling. ama.
5. Occ. decay
4.
3. C.5 ling. tooth color
2.
1. C.4 fracture M

LR
L.
2, M C.3 tooth col. rest.
3.
4. occ. tooth color rest.
5. MO amalg.
6. occ. to bucc. amalg.
7.
8. impacted



CHARTING EXERCISE

1. impacted, to be removed
2. MOD gold inlay
3. DO caries
4. O amalgam
5. MO amalgam
6. Class III, D caries
7. Class III, M adaptic
8. OK
9. abscess
10. PJC
11. OK
12. M,D,B amalgam
13. O caries
14. MODB amalgam
15. M,O,B.caries
16. impacted
17. impacted, to be removed
18. missing
19. DO amalgam
20. OK
21. M pit caries
22. Class V, labial adaptic
23. PJC
24. D adaptic
25. M adaptic
26. RCT, abscess
27. ling. caries
28. MOD amalgam, B caries
29. Class V amalgam, MOD gold inlay
30. MO gold inlay
31. MOB amalgam, D pit decay
32. impacted



CHARTING EXERCISE

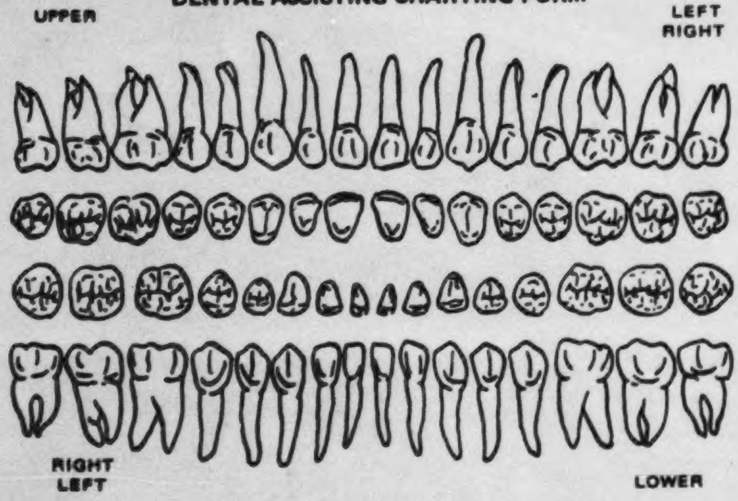
UR
8 to be removed
7 DO g. inlay
6 MO caries
5 MOD amalgam
4 class II, caries D
3 class III, M adaptic
2 M,F adaptic
1 D caries

LL
8 full g. cr.
7 DO caries, class II
6 abut. f. g. cr.
5 abut. porc. fac.
4 pontic- porc. fac.
3 pontic- porc. fac.
2 pontic- porc. fac.
1 abut. porc. fac.

UL
1 abscess
2 PJC
3 class V, lin. amalgam
4 DO amalgam
5 MOD caries
6 occ. amalgam, RCT
7 missing
8 D pit caries, drifting

LR
1 li. caries, abscess
2 RCT - PJC
3 D caries, class IV
4 MO caries
5 class I, caries
6 MOD g. inlay
7 full g. cr.
8 been removed

DENTAL ASSISTING CHARTING FORM



CHARTING EXERCISE

1 to be removed

2 DO g. inlay

3 MO caries

4 MOD amalgam

5 class II, D caries

6 class V, adaptic

7 M.F adaptic

8 OK

9 abscess

10 PJC

11 abut. porc. fac.

12 pontic- porc. fac.

13 pontic- porc. fac.

14 abut.- porc. fac.

15 MO caries

16 impacted

17 been extracted

18 occ. inlay

19 class V, buc. caries

20 class II, MO amalgam

21 DO g. inlay

22 g. cr., porc. fac.

23 D adaptic

24 M adaptic

25 OK

26 class IV, M caries

27 M,D, caries

28 occ. caries

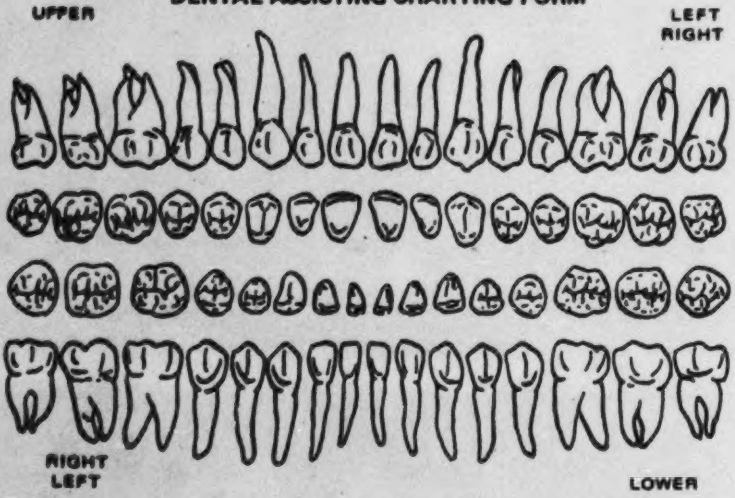
29 DO amalgam

30 missing

31 MO inlay drifting

32 impacted, to be removed

DENTAL ASSISTING CHARTING FORM



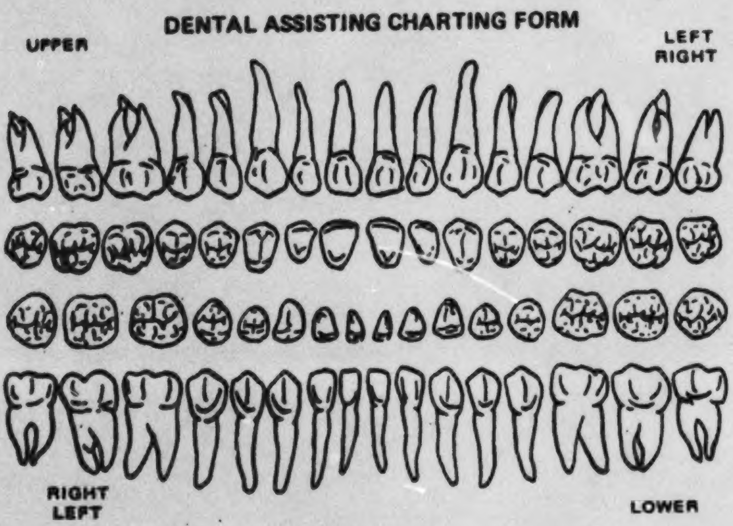
CHARTING EXERCISE

UL
8 full g. cr.
7 MOD,B,L amalgam
6 MO caries
5 abut. porc. fac.
4 pontic
3 abut. porc. fac.
2 M,D caries
1 OK

UR
1 class IV, M adaptic
2 class I, L amalgam
3 class III, D caries
4 MOD g. inlay
5 DO amalgam
6 RCT - class I, occ. amalgam
7 D pit caries
8 impacted, to be removed

LR
8 DO amalgam
7 class V, B caries
6 g. cr., porc. fac.
5 M & F adaptic
4 class II, D caries
3 PJC w/ RCT
2 abscess, ling. caries
1 class III, M caries

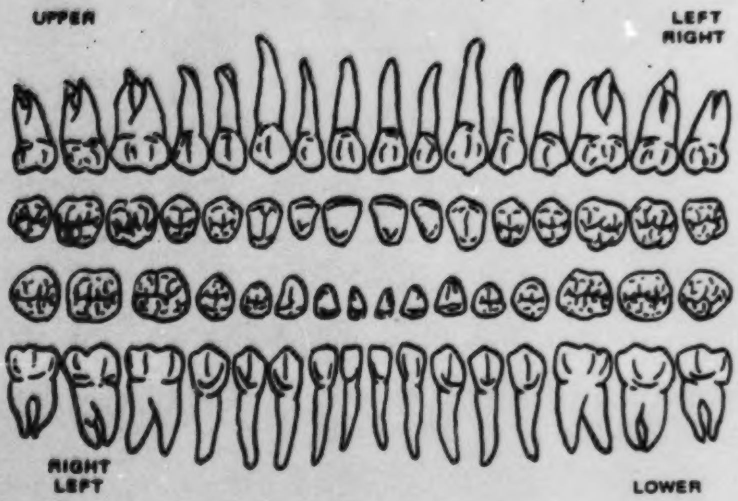
LL
1 class IV, M adaptic
2 lab. caries
3 g. cr., porc. fac.
4 MOD caries
5 occ. amalgam
6 abut- g. cr., porc. fac.
7 pontic
8 abut- full g. cr.


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
RIGHT
LEFT
LOWER

CHARTING EXERCISE

1 impacted
2 full g. cr.
3 M,D pit cares
4 Class II,D caries
5 MOD g. inlay
6 PJC
7 li. amal.
8 abut. - all porc.
9 pontic - all porc.
10 pontic - all porc.
11 abut. all porc.
12 Class V, B, caries
13 fac. adaptic
14 missing
15 drifting, MOD g.inlay
16 full g. cr.

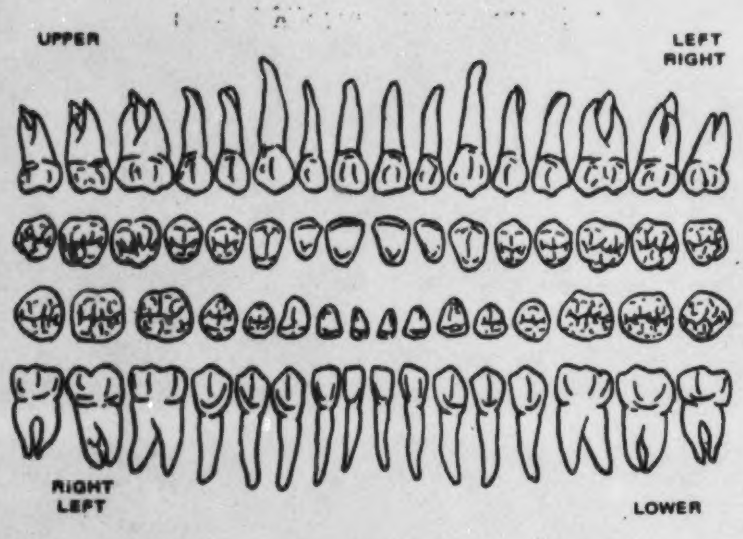
17 abscessed, to be removed
18 MOD, B, amal
19 Class I occ. caries
20 g. cr. porc. fac.
21 g. cr. porc. fac.
22 Class III M, adaptic
23 Class III Distal caries
24 M & D adaptic
25 li. caries, Class V - lab. caries
26 Class V fac. adaptic
27 g. cr. porc fac.
28 DO, caries - Class II
29 abut - g. cr. - porc. fac.
30 pontic - g. cr. - porc fac.
31 pontic - full g. cr.
32 abut full g. cr.



CHARTING EXERCISE

UR 8 to be removed - drifting
7 missing
6 DO caries, class II
5 F adaptic - class V & occ - amal.
4 M caries - class II
3 PJC
2 abscess - li. class V amal. -
1 M adaptic - class III
UL 1 gold cr w/porc. fac.
2 D adaptic - class IV
3 class V li. caries
4 MO amal.
5 class II, D caries
6 class I adaptic
7 missing
8 drifting - occ. caries

LL 8 impacted - to be removed
7 DO caries
6 full g. cr.
5 abut - por. fac.
4 pontic - por. fac.
3 abut - por. fac.
2 class III M caries
1 PJC - RCT
LR 1 li. cares - abscess
2 M,F adaptic
3 D caries
4 abut g. cr. porc. fac.
5 pontic g. cr. porc. fac.
6 pontic g. cr. porc. fac.
7 pontic - full g. cr.
8 abut - full g. cr.



CHARTING EXERCISE

1 **unerrupted**

2 **occ. & cl.V amalg. on bucc.**

3 **drifting**

4 **missing**

5 **DO amalg.**

6 **D adaptic**

7 **M & D adaptic**

8 **fracture on D**

9 **ling. caries**

10 **abscess**

11 **D caries, cl. IV**

12 **ok**

13 **M pit caries**

14 **occ. caries**

15 **ok**

16 **MO caries, D pit amalg.**

17 full g. crown

18 occ. amalg. continue down over DL cusp

19 Buc. pit amalg.

20 MOD g. inlay

21 D caries

22 M adaptic

23 RCT

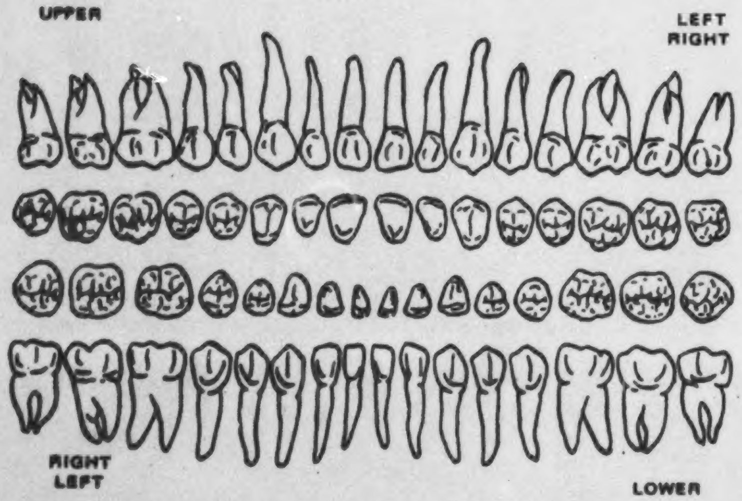
24 M & D adaptic

25 abut.-
26 pontic-
27 abut.-
all porcel. bridge

28 ok

29 abut.-
30 pontic-
31 abut.-
a g. bridge w/ porc. facing on #29 & #30

32 impacted



CHARTING EXERCISE

1. impacted, to be extracted

2 full g. cr.

3 MO amalgam, drifting

4 missing

5 class I, O caries

6 PJC

7 abscess-lingual class I caries

8 RCT

9 abutment

10 pontic } all porcelain

11 abutment

12 M pit amalgam

13 D amalgam, class II

14 OK

15 OK

16 to be extracted

17 missing

18 MOD amalgam

19 MOD g. inlay

20 full gold crown

21 Occ. caries

22 Class IV, D caries

23 Class III, M adaptic

24 OK

25 RCT

26 D,M caries-class III

27 Class V, Ling. amalgam

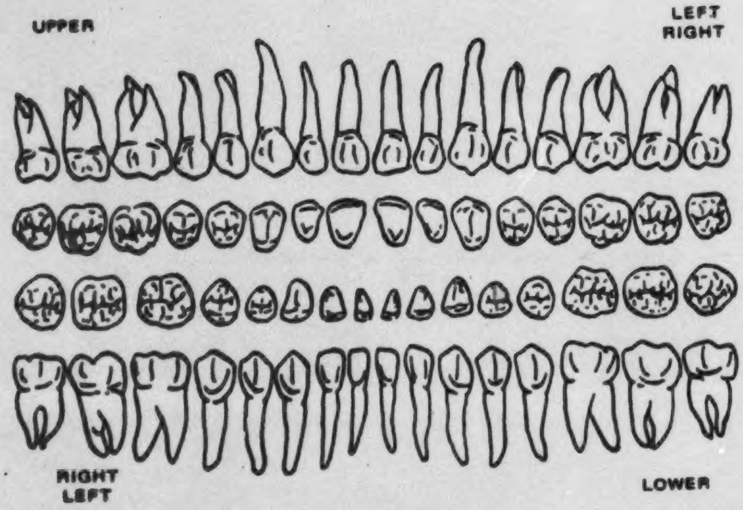
28 DO amalgam

29 OK

30 DO gold inlay

31 missing

32 impacted



CHARTING EXERCISE

UL

8 to be extracted
7 MOD Gold inlay
6 Occ. caries
5 missing
4 gold crown w/ porc. fac.
3 class V, Lab. adaptic
2 PJC
1 recession-cervical 1/3

LR

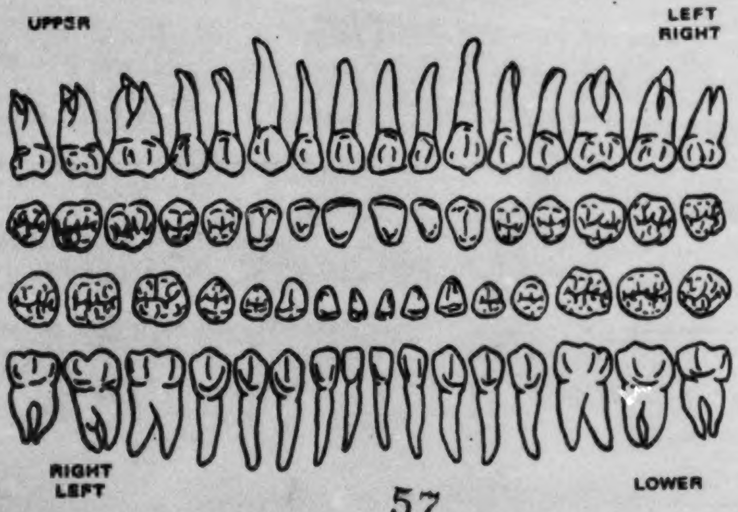
8 unerupted
7 class V, B caries
6 D, M pit amalgam
5 abutment - full g. cr.
4 pontic - g. cr. w/ porc. fac.
3 abutment-g. cr. w/ porc. fac.
2 abscessed
1 RCT

UR

1 class III, M adaptic
2 RCT
3 OK
4 class I, caries
5 M, D caries
6 DO amalgam
7 M pit caries
8 impacted

LL

1 class V, Ling. amalgam
2 Class IV, M adaptic
3 OK
4 Occ. amalgam
5 MOD amalgam
6 D pit caries
7 central pit amalgam
8 impacted, to be extracted



CHARTING EXERCISE

1

2 MOD to ling. amal.
drifting

3 Missing

4

5 S.S. crown

6

7

8 M- (tooth color rest.)

9 Ling. Cl 1 amal.

10

11 Cl. 5, fac. (tooth color rest)

12

13 M and D pit amal.

14 M pit decay; D amal.

15 F. gold crown

16

17 impacted

18 MOD amal.

19 Missing

20 Missing

21 M and D pit decay

22

23

24 Missing

25

26 Missing

27 Missing

28

29 MO amal.

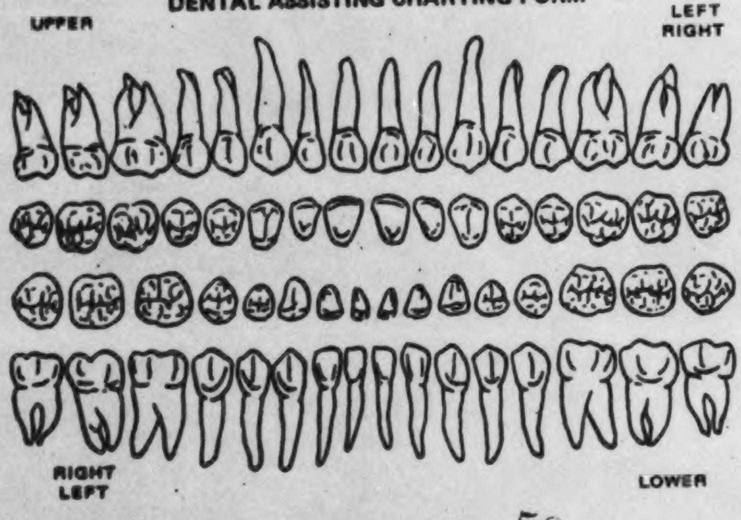
30 Occ decay

31 MO to Buc. and D pit to ling., amal.

32 impacted

NOTE: #19-20-24-26-27 replace by lower clasp partial. Clasps on M#18, D#21,M#28.

DENTAL ASSISTING CHARTING FORM



Charting Exercise

UR 8

7 MOD amal. decay around mar.

6

5 occ. temp. ZOE

4

3

2

1 M tooth color rest.

LL 8 impacted

7 MO amal, DO amal

6

5 Occ decay

4

3

2 Cl. 5 ling. decay

1 Cl. 5 facial decay

UL 1 Cl 3, M. tooth color rest

2

3

4 M and D pit amal

5

6 Full gold crown

7 MODBL amal

8 been extracted

LR 1

2 D. Cl. 3 tooth color rest

3

4 MO amal

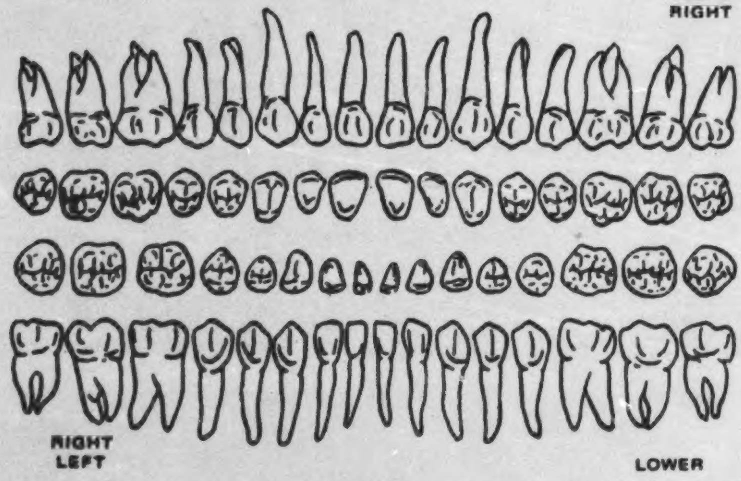
5

6 MOD amal

7 S.S. crown

8 Unerrupted

DENTAL ASSISTING CHARTING FORM



CHARTING EXERCISE

1 unerrupted

2 D pit amalgam, MO

3 DO to lingual amalgam

4 occ. & C.5 facial amalgam

5

6 DL amalgam & Cl. 5 tooth
colored facial

7 ling. pit amalgam

8 D C. 3 tooth color

9 3 unit porcel bridge

10 3 unit porcel bridge, Pontic

11 3 unit porcel bridge

12

13 M & D pit amalgam

14 MO caries & D pit amalgam

15 full gold rrown

16 has been extracted

17 impacted

18 OL amalgam

19 MOD amalgam

20

21 D pit amalgam

22

23 RCT.

24 CL. 4 on M, tooth color

25

26 all porcel jacket

27

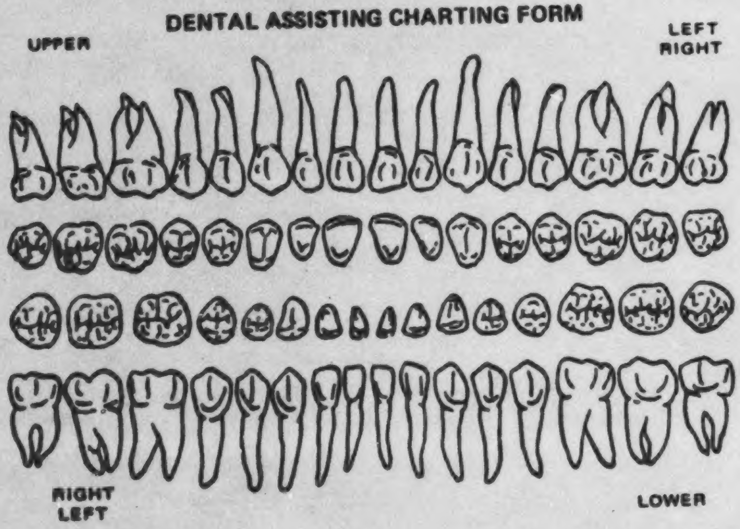
28

29 DO gold inlay

30 Bucc. Cl. 1-amalgam

31 full gold crown

32


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
RIGHT
LEFT
LOWER

CHARTING EXERCISE

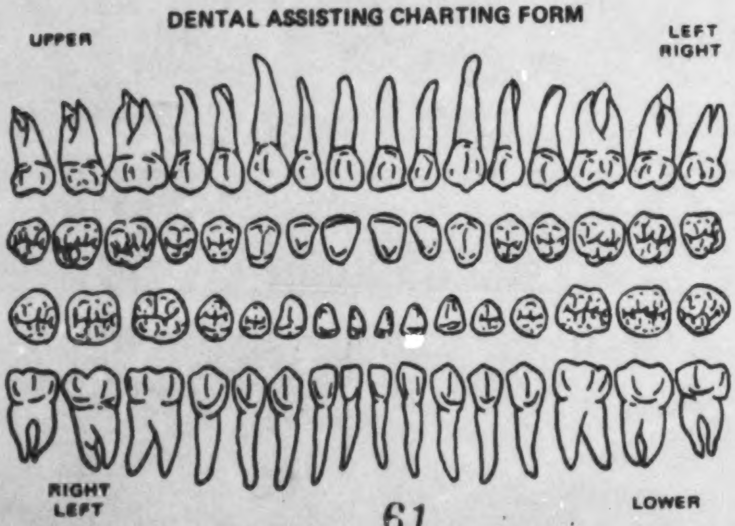
1
2 D pit to ling amal-M pit & B pit amal.
3 D pit amalg.-M pit decay
4 MO amalgam
5 missing
6 PJC
7
8 M- Cl. 3 (tooth color rest)

9
10 Cl. 5 facial(tooth color rest)
11
12 missing
13 ZOE- occlusal
14 M pit decay
15 MO amalgam, DO to ling. amalg.
16

17 unerupted
18. occ, amalg, & bucc. pit amalg.
19
20 M& D pit decay
21 missing
22
23
24 D-(tooth color rest)

25 abutement
26 pontic
27 abutement
3-Unit Bridge all porcelain
28 missing
29
30 MOD amalgam
31 Full Gold Crown
32 unerrupted

REMARKS: Max. third molars partially erupted- needs plaque control- heavy accum. on ling. of mand. inc.-gingiva puffy this area.


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
RIGHT
LEFT
LOWER

CHARTING EXERCISE

1

2 MO amal, D pit decay

3 occ amal.

4

5 fac. Cl. 5 tooth color rest.

6

7 ling. pit amal.

8 M Cl. 3 tooth color rest

9

10 ling. pit amal.

11 Cl.4, M. fracture

12

13 MOD amal

14 Buc. pit and amal. and occ. decay

15 M and central pit decay

16

17 impacted

18 Occ amal.

19 MOD gold inlay

20 clasp

21 missing

22 missing

23 missing

24 clasp

25 missing

26 missing

27 clasp

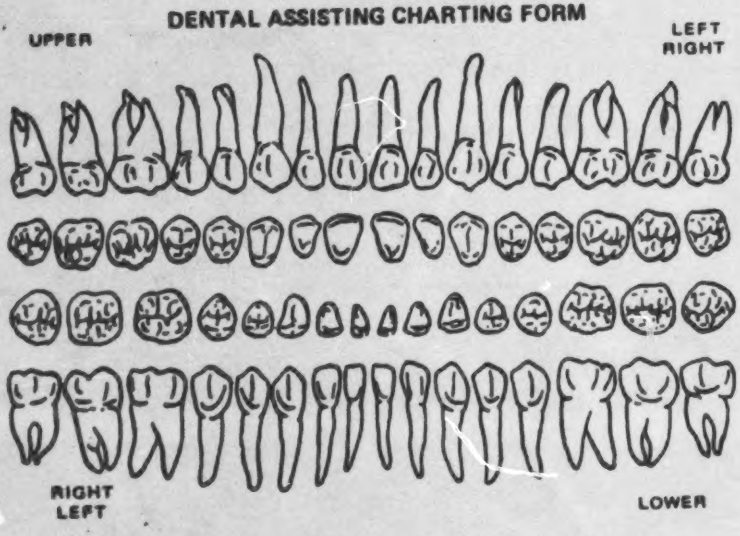
28 missing

29 clasp

30 MO amal

31 DOL amal

32


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
RIGHT
LEFT
LOWER

CHARTING EXERCISE

1

2 MC pit amalgam, D pit decay

3 MOL amalgam

4 C. 2, D amalgam

5 occ. decay

6

7 ling. pit amalgam

8 M, tooth color rest.

9 4 unit, porcel. bridge

10 4 unit, porcel, bridge

11 4 unit, bridge (pontic)

12 4 unit porcel, bridge

13

14

15 D pit decay, B pit amal

16

17 impacted

18 occ amalgam

19 MODBL amalgam

20 DO amalgam

21

22 C. 5 tooth color, facial

23

24 ging. rec-cer 1/3 root

25 RCT

26

27

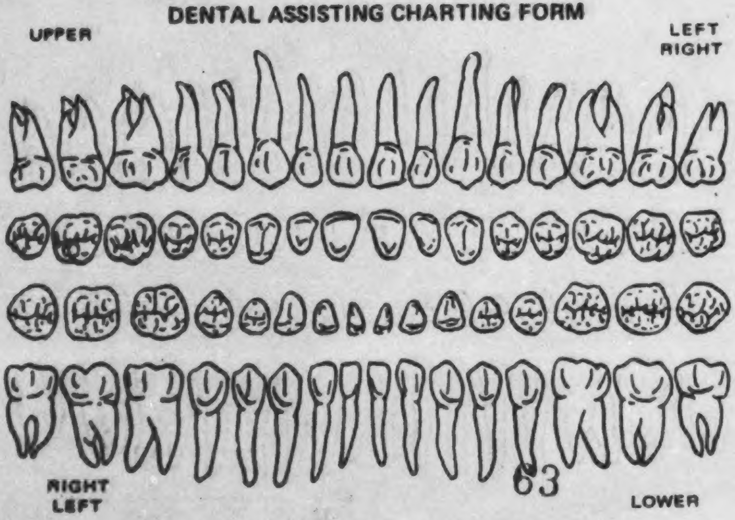
28 M & D pit amalgam

29 missing

30 drifting (mesial)

31 full gold crown

32 impacted


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
RIGHT
LEFT
LOWER

CHARTING EXERCISE

1.Mesial pit decay

2 M pit to lingual amalg. & D pit amalg.

3 Occlusal amalg.-drifting

4.missing

5

6 Cl. 5 fac. (tooth c. rest)

7 Cl. 3, M decay

8

9 PJC

10 Cl. 1, ling. amalg.

11

12 M pit, D pit amalg.

13 abut.

3 unit gold bridge

14 pontic

15 abut.

16 unerrupted

17 has been extracted

18.missing

19.D pit to ling. amalg. & cl. 5 ling. amalg.
class 1 buccal pit decay

20

21 occ. decay

22

23

24 Cl. 3, D caries

25

26 Cl. 3, M Tooth color rest.

27

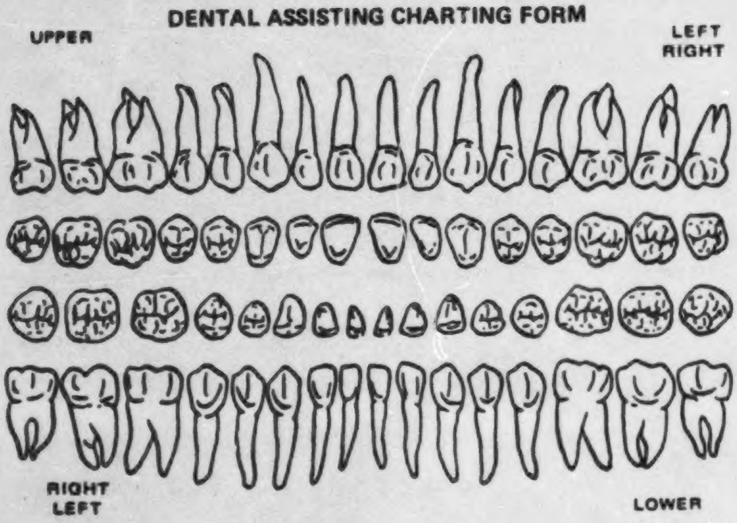
28 missing

29 drifting, occ. amalg.

30 M pit to bucc. amalg.

31 bucc pit decay

32


DENTAL ASSISTING CHARTING FORM
UPPER
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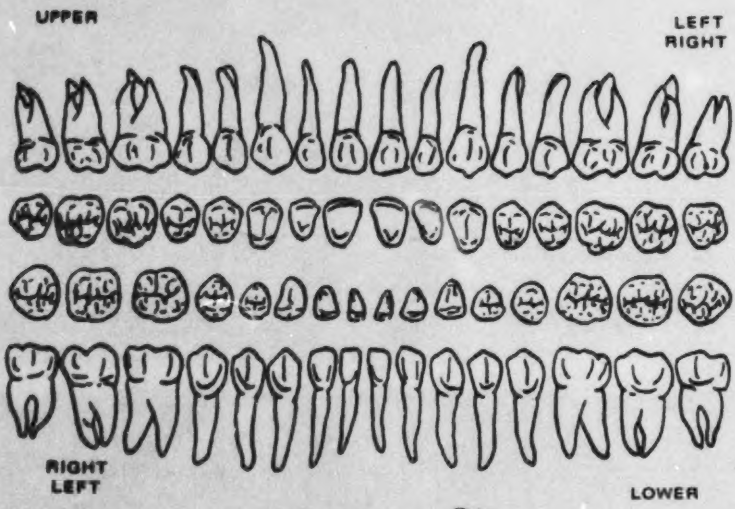
LOWER

Charting Exercise

1. to be extr.
2. MOD g. inlay
3. occ. caries
4.
5. missing
6. Cl.5 fac. tooth color R.
7.
8. PJC
9. C3 M tooth color
10.
11.
12. Cl caries
13. M pit D amal. decay
14. DO amalg.
15.
16. unerupted
17, unerupted
18. C5 B caries
19. D,M pit amalg.
20.
21. g w/ porc. fac. pontic
22.
23. abcess
24.
25. C5 ling. amalg.
26. C4 M tooth color
27.
28. occ. amalg.
29.
30. D pit caries
31.
32. unerupted



CHARTING EXERCISE

UR

8 occ. decay, & buc. pit decay
7 M pit & D pit to ling. amal
6 M pit amal & buc pit amal
5
4 M pit decay
3
2
1 ging receeded to middle 3rd rt

LL

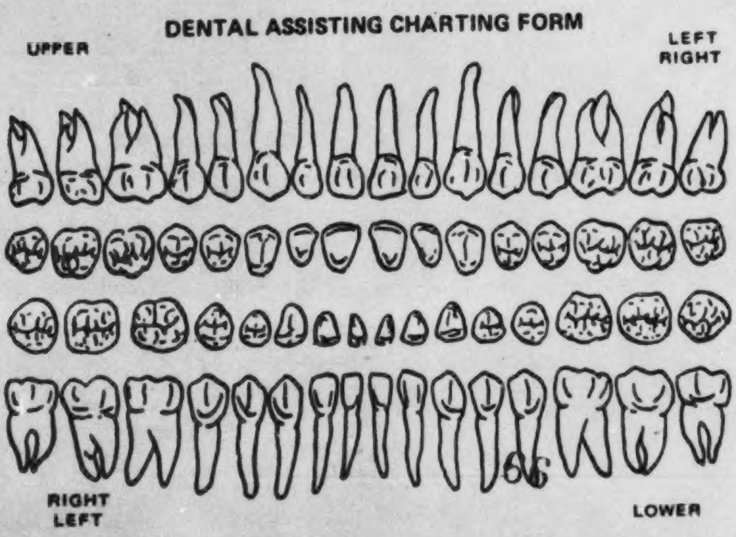
8 unerrupted
7
6 occ. temp. restoration (ZOE)
5 D pit amalgam
4
3
2 M, Cl. 4 fracture
1

UL

1
2 Cl 5 ling. amalgam
3 Cl 5 fac decay
4
5 D pit decay
6 Cl 5 ling. decay
7 M pit amalgam, D pit decay
8 been extracted

LR

1
2
3 missing
4 drifting, DO amalgam
5 M caries
6 M pit to ling. amalgam
7
8 unerrupted


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
RIGHT
LEFT
LOWER

CHARTING EXERCISE

1 unerrupted

2 occ. amalgam & buc. pit

3 M, Cent. pit, and D pit amal

4

5 occ. amalgam

6

7 ling. pit decay & M rest

8 D rest. & inc. edge CL. 4

9 inc. edge rest, M&D rest.

10 M & D rest, ling. pit amal

11 Cl. 4 M rest.

12

13

14 M.C. pit amal D pit amal,
B. pit amal.

15 MO amalgam

16

17 impacted

18 MOD amalgam

19 MODLB amalgam

20 occ. decay

21

22

23

24

25

26

27

28 Cl. 2 mes. amalgam

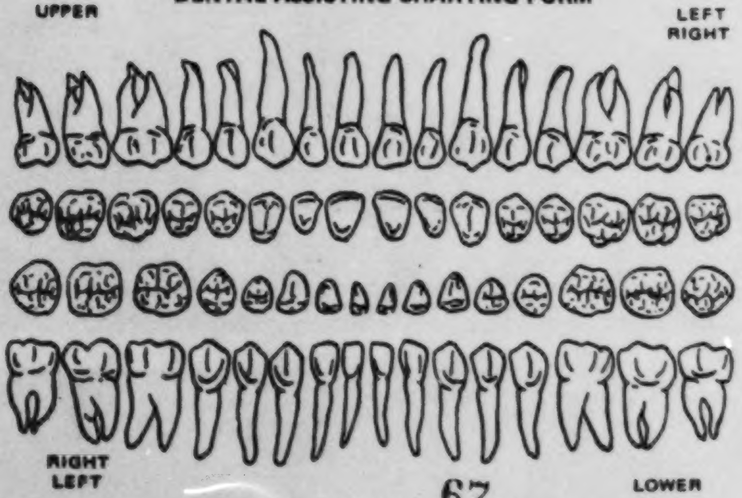
29 DO amalgam

30 MO amalgam & buc. pit decay

31 occ. amalgam

32 unerrupted

DENTAL ASSISTING CHARTING FORM



CHARTING EXERCISE

1

2 D pit amal., M pit to buc. amal.

3 MO amalgam

4 D pit decay

5

6 Cl 5 fac (tooth-color rest)

7

8

9 Cl 1 lingual amalgam

10

11

12 missing

13 drifting-MO amalgam

14

15

16

17 impacted

18. occ. amal. & buc. pit amalg.

19

20 Mesial pit decay

21

22

23 Class 5 facial decay

24

25

26

27 Class 5 facial decay

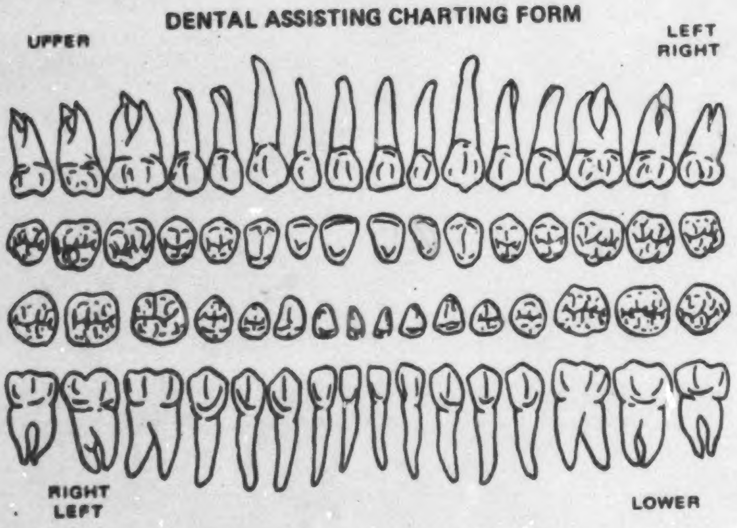
28

29 MO amalgam

30

31 MOD gold inlay

32 impacted


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
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LEFT
LOWER

CHARTING EXERCISE

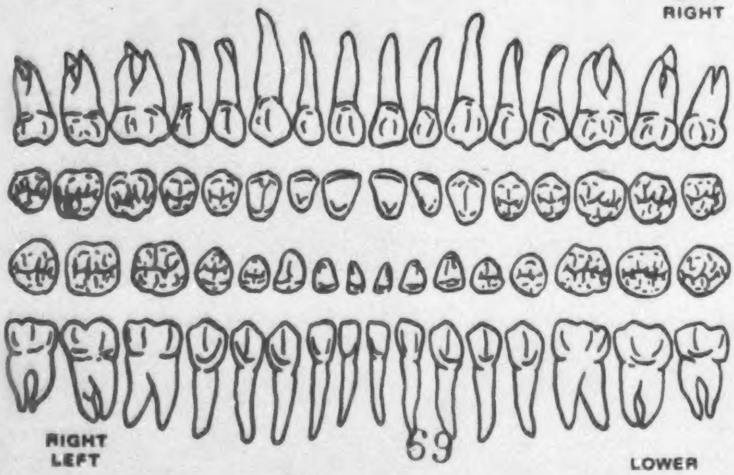
UL
8 impacted
7 MO caries
6 D amalgam
5 MO g. inlay
4 M,F caries
3 D adaptic, class IV
2 class V, la. adaptic
1 PJC

UR
1 RCT, abscess
2 D caries
3 class IV, M adaptic
4 DO caries
5 MOD amalgam
6 class V, B adaptic
7 occ. caries
8 to be removed

LR
8 impacted
7 full g. cr.
6 MO caries
5 class V, B caries
4 missing
3 PJC
2 M adaptic, caries on margins
1 D,F caries

LL
1 D adaptic, class III
2 class V, ling. amalgam
3 class V, F caries
4 MO amalgam
5 D pit, and class V, buc. caries
6 class II, M caries
7 MO g. inlay
8 impacted

DENTAL ASSISTING CHARTING FORM



CHARTING EXERCISE

1 MO amalgam

2 D pit amalgam

3 MOD amalgam

4 Class V, Buc. caries

5 occ. caries

6 M class III adaptic

7 D class IV, caries

8 PJC

9 RCT

10 missing

11 M, class IV, caries

12 DOB amalgam

13 Class V, Buc. decay

14 missing

15 class I, decay

16 impacted

17 impacted

18 class I, occ. caries

19 MOD gold inlay

20 class II, DO caries

21 to be extracted

22 class I, lin. caries

23 PJC

24 M, class III, adaptic

25 M, class III, caries

26 class I, lin. amalgam

27 class V, lab. caries

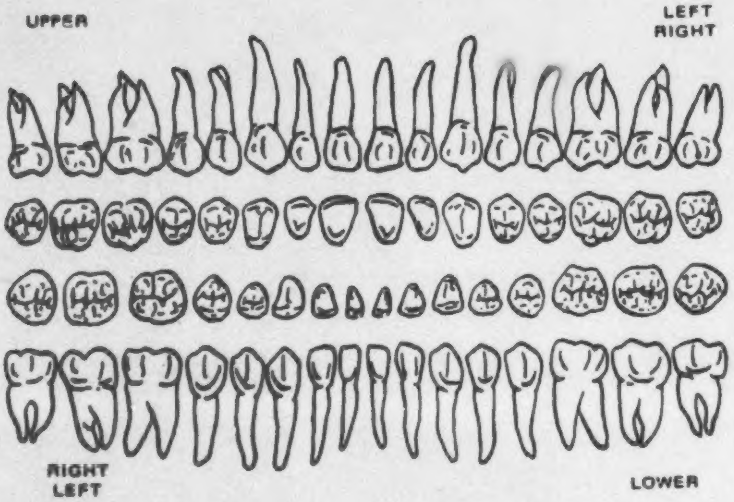
28 MO amalgam, decay around margins

29 class I, M pit, and D pit caries

30 missing

31 class II, DO caries, drifting

32 impacted, to be removed



CHARTING EXERCISE

1 impacted

2 MOD caries

3 occ. amalgam

4 class V, buc. caries

5 M pit amalgam

6 missing

7 D caries

8 ling., M caries- class IV

9 M & D adaptic

10 F decay and lin. amalgam

11 class IV, D caries

12 ok

13 occ. caries

14 class II, M amalgam

15 class V, B caries

16 to be extracted

17 MOD caries

18 buc. caries, class V

19 missing

20 F, M caries

21 class I amalgam

22 class III, M, D caries

23 ok

24 class V, adaptic

25 M caries

26 class IV,D caries

27 missing

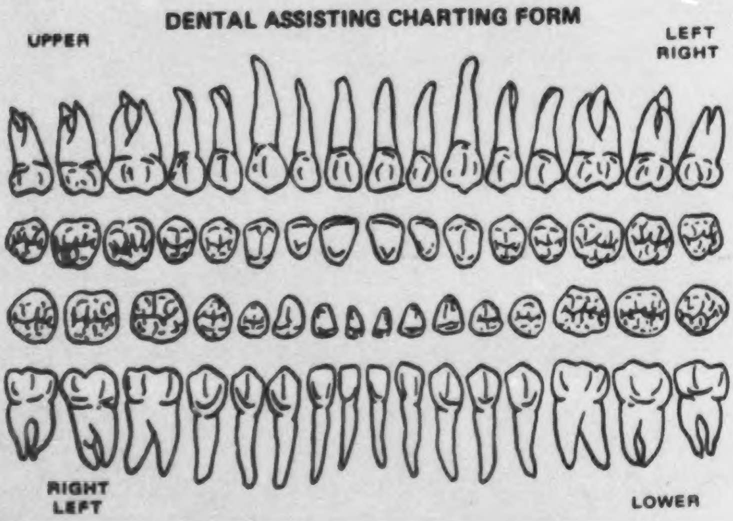
28 DO amalgam, drifting

29 occ. amalgam

30 MO caries

31 MOD amalgam

32 impacted, to be extracted


DENTAL ASSISTING CHARTING FORM
UPPER
LEFT
RIGHT
RIGHT
LEFT
LOWER

METHODS OF CLASSIFICATIONS

Permanent

1. central incisor
2. lateral incisor
3. cuspid
4. first bicuspid (premolar)
5. second bicuspid (premolar)
6. first molar
7. second molar
8. third molar

Primary

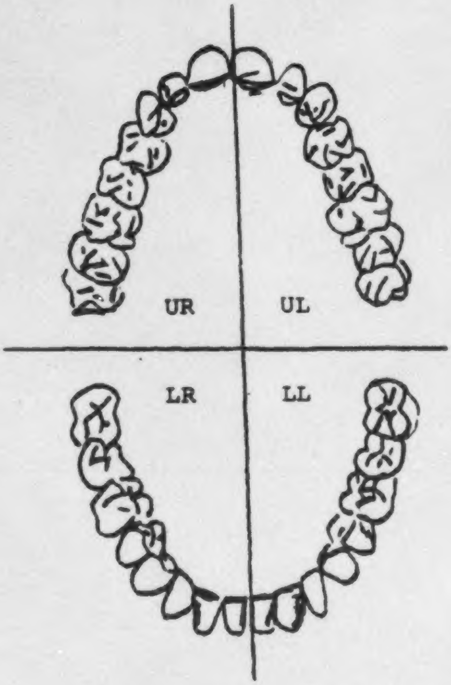
1. central incisor
2. lateral incisor
3. cuspid
4. first deciduous molar
5. second deciduous molar

1 upper left

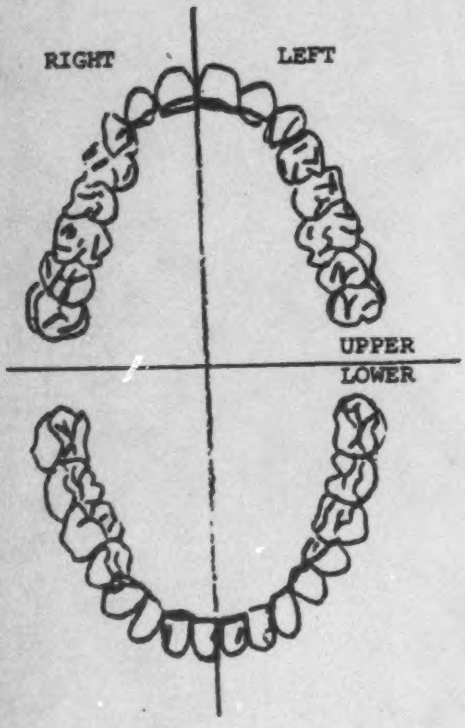
2 upper right

3 lower right

4 lower left



METHOD A


RIGHT
LEFT
UPPER
LOWER

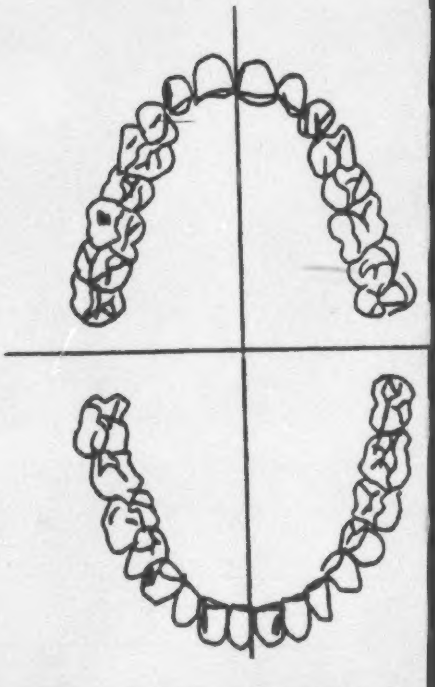
METHOD B

R 14

L 1

R 3

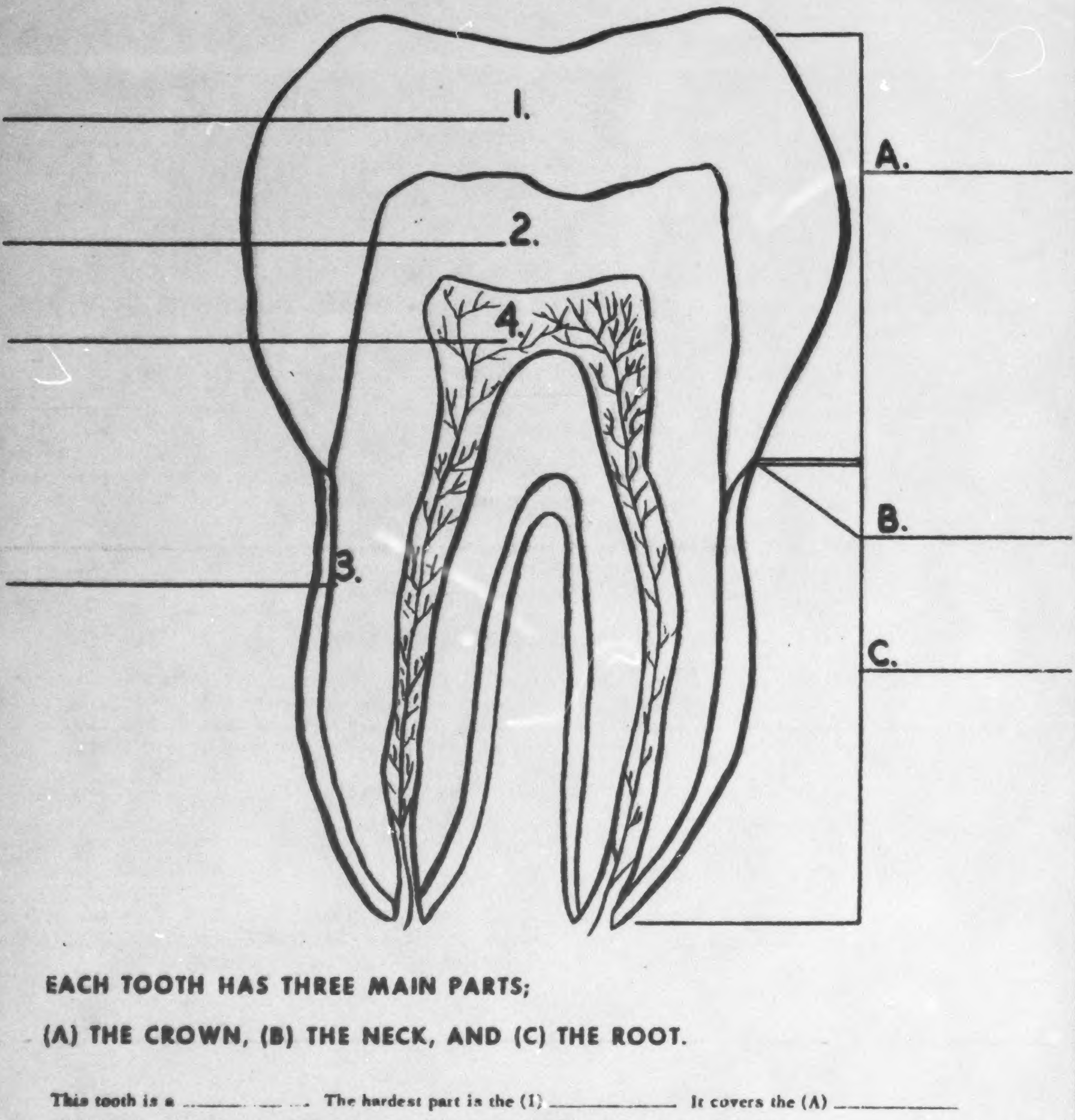
L 11


UPPER
RIGHT
START

The most commonly used method of classification

VETERANS ADMINISTRATION

THE PARTS OF A TOOTH



EACH TOOTH HAS THREE MAIN PARTS;

(A) THE CROWN, (B) THE NECK, AND (C) THE ROOT.

This tooth is a __________. The hardest part is the (1) __________ It covers the (A) __________ of the tooth. The substance below the enamel is known as (2) __________. The (3) __________ covers the root of the tooth. The center of the tooth which is filled with blood vessels and nerves is called the (4) __________ The tooth gets its nourishment through the blood vessels.

Dental Instruments

1. Aspirator tip - High velocity suction

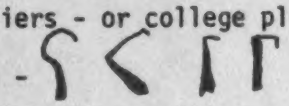
2. Saliva ejector - Low velocity suction

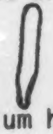
Hand Instruments

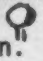
3 Basics

3. Mouth mirrow - mirrow (plan or mag.) on handle

4. Cotton Pliers - or college pliers - operating pliers

5. Explorers -  tips may be shaped like this.
   Used for locating cavities, checking walls of preparations and checking margins of finished restorations

6. Cement spatula (ss or plastic or agate) - supple flat bladed  instrument
   used to mix; cements, zinc oxide and eugenal, (Zn O+E), calcium hydroxide + sol., etc. on glass slabs or waxed mixing pads.

7. Plastic instruments - steel instruments or plastic instruments with paddle like ends. Some plastic instruments may have  round nibs on one end for packing restorative materials into a cavity preparation.

8. Glass Slab - Used for mixing restorative materials and medications.

Hand Cutting Instruments

Three parts are the: handle or shaft, the shank and the blade or nib. They are made of steel. They may be single ended or double ended instruments. When the end is used to pack or condense material into a preparation it is called a nib. A end used for cutting is called a blade. This cutting edge is produced by a bevel on the edge of the blade.

Hand cutting instruments are made from three types of metals:

- a. stainless steel
- b. high carbon steel
- c. cobalt-chromium

High carbon steel holds the best sharp edge, however, they will discolor, rust and corrode if sterilized in boiling water. It is best to sterilize these instruments in Cidex-Johnson & Johnson or else by gas. All other metal instruments may be autoclaved safely.

Instruments

9. Spoon Excavators - The blade is curved with a rounded tip. It is used to remove soft decay and debris from a cavity. The shanks may be binangled or triple-angled. They come in left and rights and are available in small, medium and large. (15-8-14 binangle)

10. HOE (Excavator) - used primarily on anterior teeth to remove caries and form fine angles. The cutting edge of the blade is perpendicular to the long axis of the handle. Instruments of similar design but with heavier blades and shanks are used on the posterior teeth. 8-3-22

11. Hatchet (excavator) used for finishing internal line angles of the anterior teeth and to remove hard type caries. The cutting edge of the blade is in the same plane as the long axis of the handle and is bibeveled (bevelved on both sides of the blade.) 3-2-28

12. Angle formers (excavator) are used for sharpening fine angles and obtaining retention form in dentin. They are monangled and have the cutting edge at an angle to the blade. 12-85-5-8

13. Chisels - straight - resembles a miniture wood chisel. It has a straight blade which is bevelved on the tip and sides. 15-7-0

14. Binangle chisel - No. - 12-7-8

15. Wedelstaedt (chisel) are binangled and are beveled on the mesial and destal side of the bevevel blade. 11-1/2 -15-3

16. Enamel Hatchet - is similar to the excavator hatchet except that the blade is larger and heavier and beveled only on one side. All enamel hatchets are contra-angled to bring the working edge of the blade to within 2 mm. of the long axis of the handle. They come in pairs for working on the left or right side. 10-7-14

17. Gingival Margin Trimmer is a special chisel used for placing bevels on gingival enamel margins of proximocclusal cavity preparations. The blade is similar to the enamel hatchet except that the blade is curved, and the cutting edge is at an angle with the blade. They are made in left and right pairs and for the mesial or distal of the tooth. 10-100-8-14

Tray Set Ups

Visual Examination

- Mouth Mirrow
- Cotton Pliers } *3 Basics
- Explorer
- Plus Doctor's Choice

Prophylaxis

- Mouth Mirrow
- Cotton Pliers
- Explorer
- Set of Scalers (Cavitron)
- Prophylaxis paste & cup
- Prophy-Brushes &
- Prophylaxis Angle
- (4) 2 x 2 sponges
- Plus Doctor or Hygienist's choice

Amalgam Restoration

- *3 Basics
- Topical on swabs (2)
- Loaded Syringes (2)
- High Speed Handpiece
- F. G. Bur Block with Burs
- Spoon-Excavators
- Hatchets, chisels, hoes (Dr.'s choice)
- Saliva Ejector
- Aspirrator Tip
- Rubber Dam
- Rubber Dam Holder
- Rubber Dam Punch
- Tooth Clamp
- Clamp Forcep
- Modeling Compound
- Cotton Pellets (6)
- Face Napkin
- Calcium Hydroxide
- Mixing Pad
- Zinc Oxide & Eugenol
- Glass Slab & Spatula
- Cement (Dr.'s Choice)
- Alloy & Mercury
- Triturator
- Condensor Kit
  or
- Pluggers
- Amalgam Carrier
- Carvers
- Burnishers
- Matrix Retainer
- Matrix Band
- C & B Scissors
- Wedges
- 6 Cotton Rolls
- (2) 2 x 2 sponges

Radiation Safety Rules

* 1. X-Ray for diognostic purposes only

2. Avoid Retakes

3. Avoid Taking x-rays during 1st trimester of preg.

* 4. Use Film holder — Do Not Use Fingers To Hold Films

* 5. Cover Patient with lead apron

6. Use high speed film

7. Use long cone technique (when possible)

* 8. Use Dead Man Switch — (electronic timer)

* 9. Use cord at least 10ft. long

* 10. Use leaded screen, 6" concrete wall, lead lined walls, lead lined curtains, special leaded glass and lead door

* 11. Report installation of new or used x-ray equipment to: Department of Environmental Research within 30 days

* 12. No operator under 16 years of age

* 13. Wear x-ray badge

* 14. All new machines must be calibrated to show: milliamperage, killivoltage, time exposure

* 15. Only authorized persons in area of operation

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* Pennsylvania State Laws

Dark Room Technique

1. Check room for light leaks
2. Turn on safety light
3. Aggitate Solutions - (Glass or metal stirer) CHECK: Date on solutions
4. Check temperature of solutions 68°F to 75°F
5. Cover Tanks — Dry-Clean-Working surfaces
6. Peel covering from film
7. Holding exposed film by edge — attach film to film rack
8. Submerge film into developer with a gentle wiggling motion — lift film and resubmerge into developing solution
9. Set timer and cover tank
10. Remove film from developer — Rinse in H_2O
11. Insert in fixer solution and set timer (cover tank)
12. Rinse very thoroughly and dry film

* Always follow the manufactures instructions for best results - (Time-Temp-Exposure-Kvp.-Milliamperage)

APPENDIX B

Selected Materials Utilized by M. Tess Schearen, R.N., and D. Jeannette Lewis, Home Economist, in the Home-Health Assistant Curriculum Development Workshop

STEPS BEFORE CLEANING

1. Collect all your tools for cleaning. Smaller articles and supplies might be carried in a basket.
2. Air the room
3. Put your room in order before your start cleaning. See that clothes are hung in the closet. Take any shoes from under the bed or dresser and put them in their proper place. Empty the waste basket. See that the tops of the dresser and desk are free from clutter. It is very difficult to clean a room that is disorderly. Besides, you don't want dust collecting on things.
4. Use a dust mop to finish the floor if it is waxed. If foor is unfinished, mop with water.
5. Dust, using vacuum attachment on furniture, blinds, window sills, and other places in the room that collect dust. If dusting with soft cloth use small amount of polish.
6. Vacuum the rug next, running the vacuum cleaner over the same area several times.

MANAGING THE HOME FOR GOOD HEALTH

KEEPING THE SICKROOM CHEERFUL AND CLEAN

1. Look for ways to brighten the room with soft lights and soothing sounds.
2. Store supplies neatly on a tray.
3. Arrange food and food tray to please the eye as well as the taste, this shows how much the family cares for him or her.
4. Arrange for a friends visit, read aloud, play new simple games or plan a project.
5. A waste basket will save many steps, cover with cut-out pictures, maps, cartoons, etc. Varnish.
6. Plants or a window garden are interesting to watch.
7. Plan a bulletin board with souvenirs, pennants, get well cards, cartoons, snapshots, programs, etc.
8. Good books make hours fly by - visit the library for your patient.
9. Re-arrange the room, change spreads and curtains, add personal arrangements.
10. Remember a room looks larger with a light ceiling and walls and a dark floor. Use complementary colors in uneven amounts. Have a accent color. Use cool colors in a sunny room, and warm colors in a northern room. Restful patterns are important.

CLEANING THE BATHROOM

1. Pick up all articles, such as dirty clothing towels, combs and brushes. Sweep the floor.
2. Clean the tub.
   a. Use a soft brush, plastic sponge, or soft cloth.
   b. Sprinkle some non-abrasive cleanser on a cloth.
   c. Remove soil and scum.
   d. Rinse with clear water.
   e. Clean the faucets in the same manner.
   f. Wipe dry with sponge or cloth.
   g. If the tub is cleaned after each using, it is much easier to clean during weekly cleaning.
3. Clean the lavatory.
   a. Use the same steps as in cleaning the tub.
4. Clean the toilet bowl.
   a. Use a toilet brush and hot soapy water to clean the inside of the bowl.
   b. Use a cleanser and cloth or sponge on the outside of the bowl and the water closet.
   c. Place some disinfectant in the toilet bowl.
5. Clean the tile floor.
   a. Put warm water into a pail and a non-soap type of cleaner.
   b. Dip a mop into the pail. Wring partly dry.
   c. Wipe a small portion of the floor at a time. Dip the mop back into the pail each time to clean.
   d. Mop up any excess water.

6. Clean the medicine chest.
    a. Arrange the shelves and clean whereever necessary.
    b. Discard any empty bottles or tubes.
    c. See that the labels of all packages, bottles, and other articles are facing the door.
7. Clean the mirror. Keeping mirror dusted reduces cleaning.
    a. A commercial cleaner may be sprayed and polished with a soft lintless cloth.
    b. Another way is warm water + 1 T of vinegar for each half gallon of water. Polish with clean cloth.
    c. Do not use soap or you will streak the mirror.
8. Clean the shelves.
    a. Your bathroom may have extra shelves for cosmetics, shaving creams, and the like. These will have to be kept clean. If they are glass shelves, use the same method as in cleaning the mirror.
    b. Check supplies, such as soap, toilet paper, toothpaste.
9. Clean and wipe furniture.
10. Clean and arrange towel racks.

CLEANING THE REFRIGERATOR

1. The refrigerator may have to be defrosted while cleaning unless it is self-defrosting type.
2. Take everything out of the refrigerator. Keep frozen foods in a styrofoam chest.
3. Remove all racks and food keepers.
4. Wash the inside of the refrigerator with warm water to which baking soda has been added. Use 1 teaspoon soda to a quart of water. A sponge or cloth can be used. Wipe all surfaces dry.
5. Wash meat, fruit, and vegetable containers in water that also contains soda. Dry thoroughly.
6. Examine all foods carefully. Throw out stale food. Sort fruit and vegetables for spoiled ones.
7. Wipe all containers before returning to refrigerator.
8. Clean the outside with a cleaning wax or a fine cleanser. Wipe the door handle carefully. It becomes soiled easily.

Keeping the refrigerator clean while using it will make regular cleaning much easier.

OCCASIONAL CLEANING

1. The walls and woodwork may need to be brushed or dusted.
2. Finger and other marks should be removed from doors and window sills whenever necessary with a damp cloth or with a cleaning wax.
3. Clean the radiators or registers.
4. Dust the window shades or wash and wax blinds.
5. Wash the windows and mirrors.

NAME__________________________

DATE__________________________

ORGANIZATION 20 Perfect Score

Did I plan my work carefully?	20											
Did I make the best use of my time?												
Did I avoid errors and waste?												
Did I ask necessary questions?												
TECHNIQUES	20											
Did I use my equipment correctly?												
Did I use both hands whenever possible?												
Did I follow the methods taught?												
CLEANLINESS	30											
Did I keep my work area clean?												
Did I wipe up spilled food at once?												
Did I rinse, soak and wash dishes correctly?												
Did I start with clean hands and wash often?												
Did I have clean uniform and apron?												
PERSONALITY	15											
Did I do my share of planning and work?												
Was I polite and courteous at all times?												
Did I contribute to a successful class?												
FINISHED PRODUCT	15											
Did my finished product meet standards?												
Was I pleased with my product?												
Could I improve it?												
MY TOTALS:												

PERFECT SOCRE = 100

5 for each question

Procedure = Name of Job

Name

Number of Job #

Date:

Job steps in completing procedure:

1	
2	
3	
4	
5	
6	
7	
8	
9	

Check

S	U

Remarks: S = Satisfactory, U = Unsatisfactory - must be repeated
All "S" means procedure can be marked off by teacher

	DAILY	WEEKLY	AS NEEDED OCCASIONALLY	SEASONALLY
Kitchen				
Bathroom				
Livingroom				
Dining Room				
Bedroom 1				
Bedroom 2				
Bedroom 3				
Den or Family Room				
Porches				
Basement				
Garage				

HOW DO YOU TREAT YOUR CLOTHES?

1. Do you stuff apples, gloves, and scarf in your coat or jacket pocket?

   __________ __________

2. Do you hang up your coat when you come home from school?

   __________ __________

3. Do you leave your skirt or trousers crumpled on the floor or tossed on a chair when you change clothes? __________ __________

4. Is your entire wardrobe (or a good part of it) scattered about your room by the end of the week? __________ __________

5. Do you do your personal laundry each night? __________ __________

6. Do you keep everything in its place in your closet?

   __________ __________

7. Do you air your clothing after each wearing? __________ __________

8. Do you change from school clothes to play clothes after school?

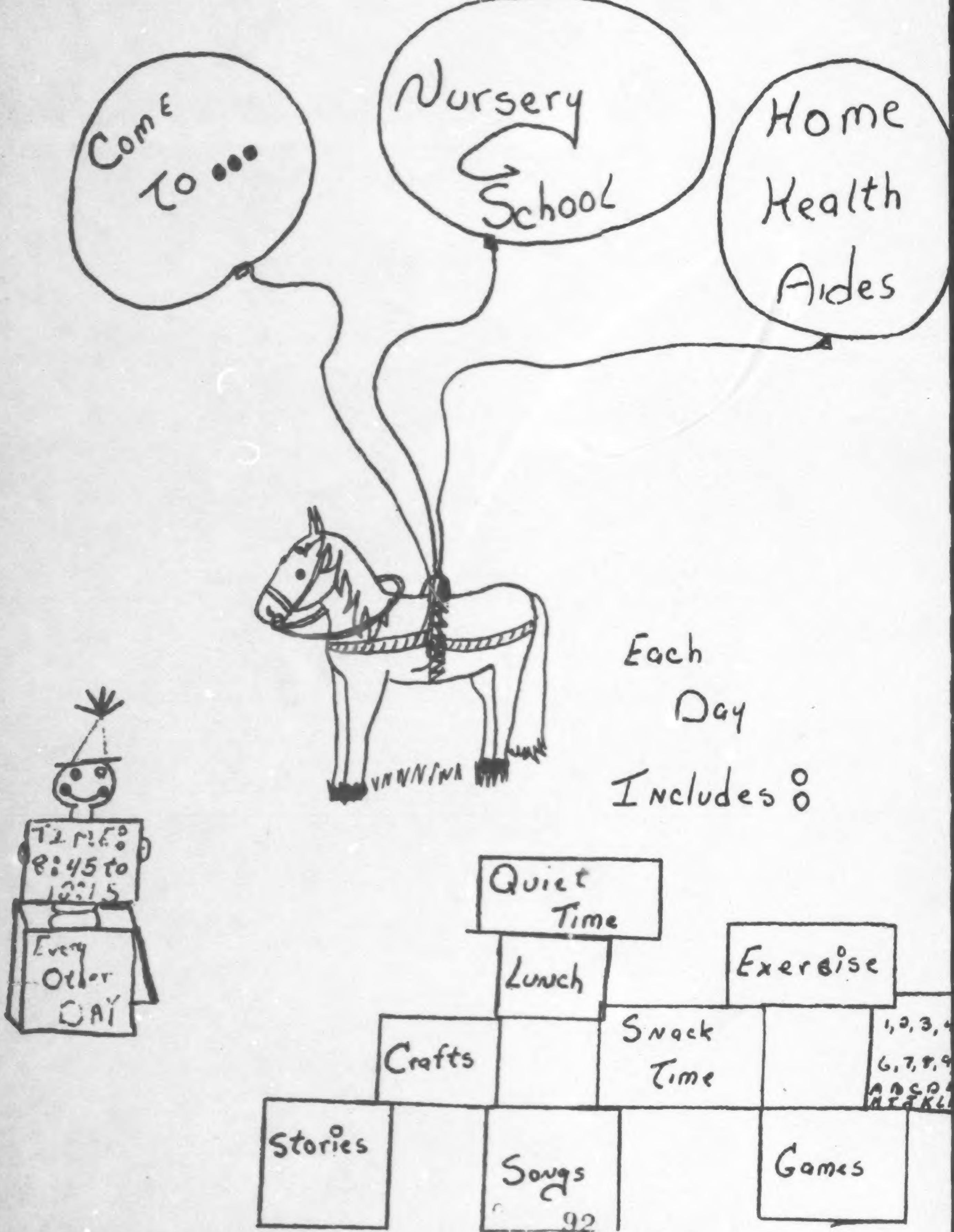
   __________ __________

9. Do your dresser drawers resemble a squirrel's nest? __________ __________

10. Are pins doing double duty in place of buttons, hems, broken zippers?

    __________ __________

	Week 1	Week 2	Week 3
Needs Improving	__________	__________	__________
Improving	__________	__________	__________
Excellent	__________	__________	__________


Come To •••
Nursery School
Home Health Aides
Each Day Includes:
TIME: 8:45 to 10:15
Every Other DAY
Quiet Time
Lunch
Exerbise
Crafts
Snack Time
1, 2, 3,
6, 7, 8,
Stories
Songs
Games

COMMONALITIES IN 12 PROGRAMS REVIEWED

A. Environmental Commonalities

1. Warm, accepting atmosphere
2. Small staff to child ratio
3. Separate rooms for sleeping, playing
4. Protected floor area
5. Child size furniture
6. Sleeping equipment
7. Opportunities to see and grasp
8. Exploration time
9. Opportunities for social interaction with adults and other children
10. Physical stimuli - holding, rocking, carrying, bathing, etc.
11. Variety of toys and materials for seeing, feeling, hearing, tasting, smelling

B. Common Objectives

1. Growth & development in many areas
    a. Perceptual cognitive processes
    b. Socio-emotional relations
    c. Motor skills
    d. Language skills
    e. Positive self-concept

2. Growth, development and information for parents
    a. Nutrition
    b. Health care
    c. Child care
    d. Child development

C. Staff

1. Director
2. Aides and/or teachers
3. Nurse
4. Cook
5. Consulting physician

D. Qualifications of Staff

1. Ability to give and show love
2. Flexibility
3. Ability to move about on floor
4. Ability to verbally interact with children

Yona Ben-Yaakov, Early Child Care In the Israeli Kibbutz from Growing Up In Groups
Marcus, J. ed. Gordon & Breach, N.Y., 1972.

I. Physical Environment within The Children's Home
  A. Quiet and balanced environment
  B. Restful colors on walls, pictures, pleasant curtains
  C. From age of 2 weeks, child is placed in outdoor playpen
  D. 1½-2 months - colorful toy is hung over crib
  E. Other toys are given according to development of senses and motor abilities
  F. From six months - child is placed in wide fenced-in area with toys
    1. Toys within area are used:
      a. to develop senses
      b. to develop muscles
    2. Small dividing wall aids walking
  G. Visits from family permitted but must not disturb routine of infants' house

II. From 2 Years
  A. Child permitted to move in all parts of children's house
    1. Doors are open - even to outside play yard
  B. Child surrounded by various toys (to hold, roll)
  C. Child is guided toward good eating habits
  D. Child is guided toward cleanliness
  E. Child is allowed to take toys on own - encourages independence
  F. Child must return toys to proper place

III. Toys
  A. First year
    1. Clanging toys
    2. Plastic/rubber rings
    3. Rubber dolls
    4. Small, soft plastic blocks
    5. Small balls of varying materials and colors
    6. Small carts
    7. Carriages with high handles
    8. Small boxes
    9. Smooth, colorful pieces of cloth
    10. Boxes of all kinds and sizes, with or without steering wheels
  B. Second year
    1. Various vehicles inside house
    2. Steering wheel for every child
    3. Variety of dolls - cloth, soft and hard plastic
    4. Small tables and chairs
    5. Sofa for dolls (and children)
    6. A large box with equipment familiar to children (old farm tools)
    7. Picture books
    8. Balls of various sizes
    9. Large, colorful wallboard
    10. Materials: colorful cloth, paper for painting, magazines

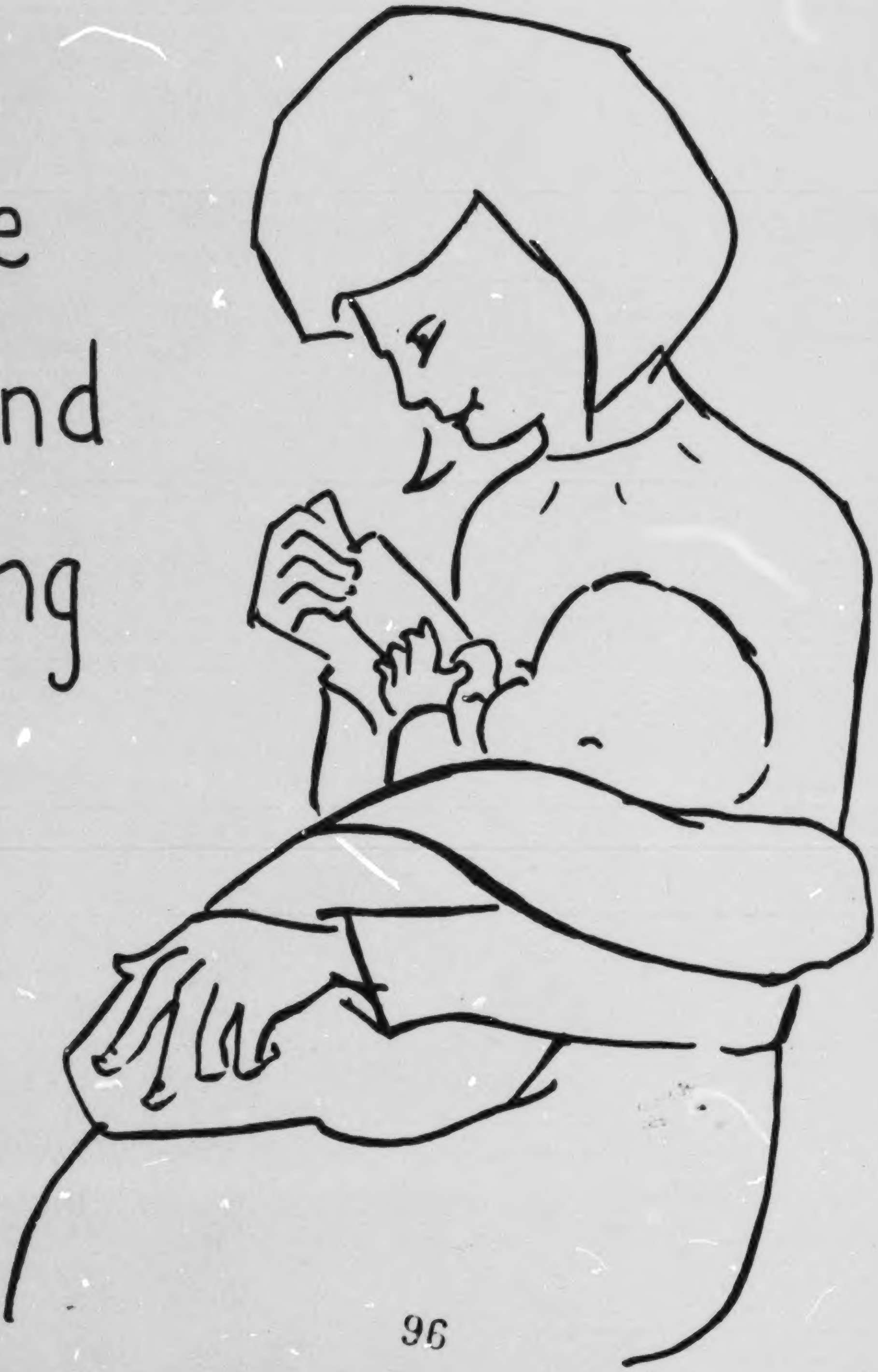
11. Toys under care of metaplet (the Israeli caregiver)
    a. 2-3 piece jig-saw puzzles
    b. form boards
    c. paints
    d. clay
    e. glue
    f. colored chalk

12. Activities with materials
    a. kneading of clay
    b. unrestricted painting (naked from waist up)

IV. Educational Strategies in Speech and Action
    A. Use Positive approach (e.g. "Eat your meat" instead of "Don't play with your food".)
    B. Give child chance to solve own problems
    C. Use several means of request, not just words alone
    D. Use words and tone which will help child feel secure
    E. Help child at proper moment
    F. Give child choice only when situation permits a choice
    G. Avoid comparisons between children

The atmosphere of an infant care center

must be
warm and
accepting



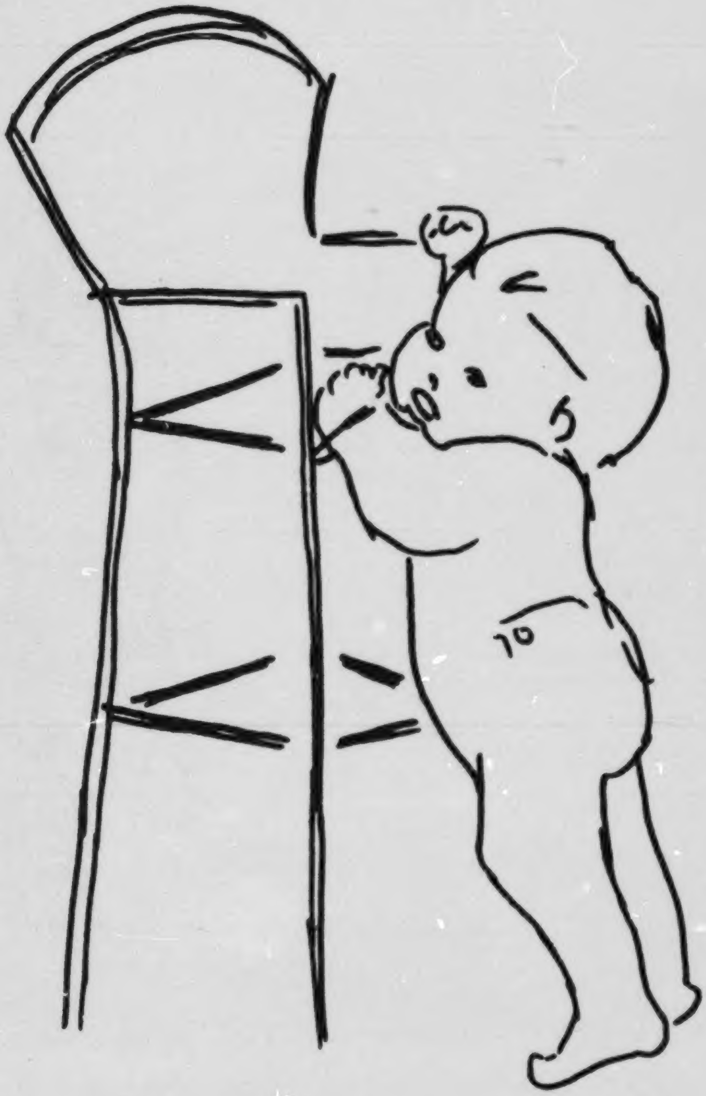
so that the infant

develops a sense

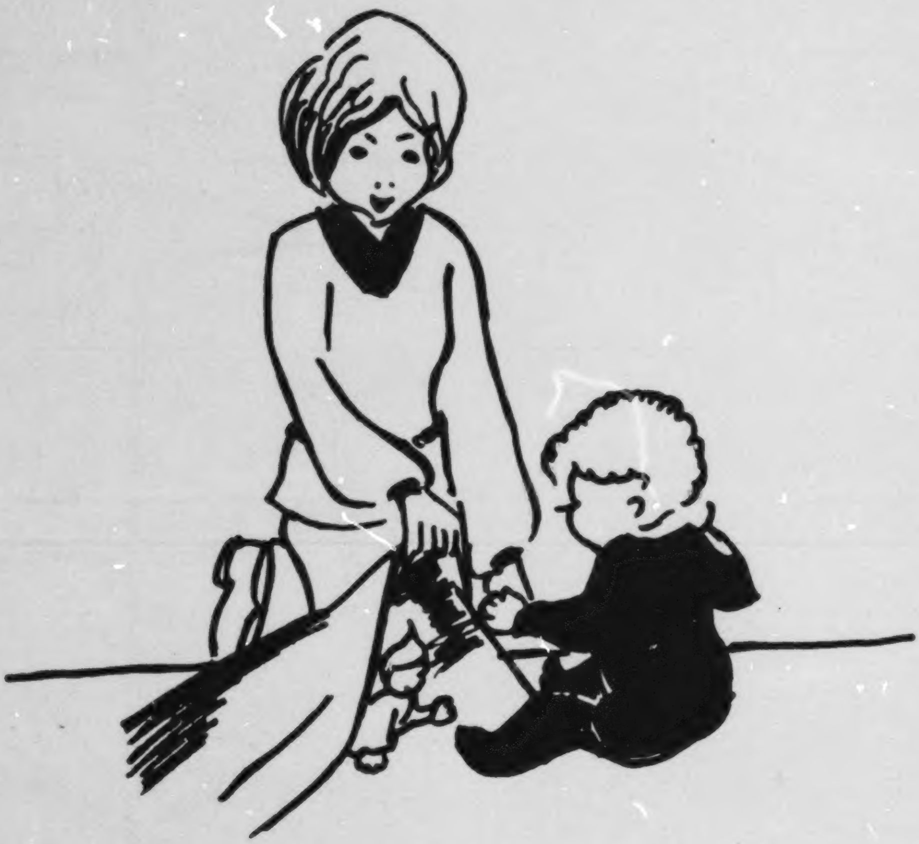
of trust

and

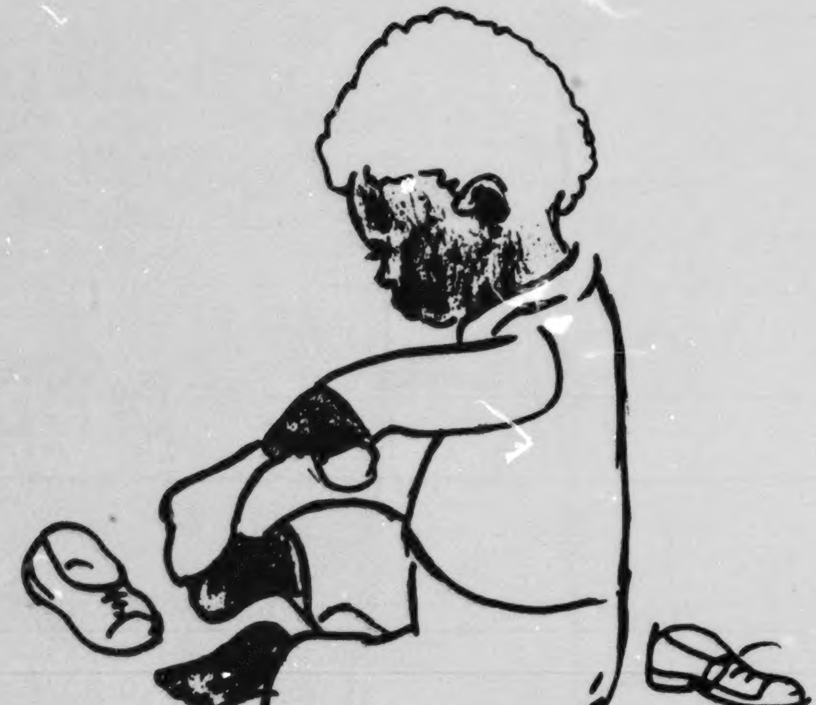
belonging



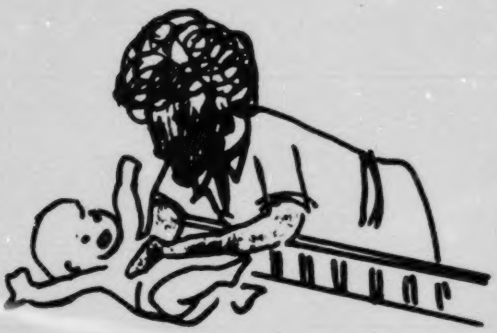
The infant's natural curiosity and creativity should be stimulated



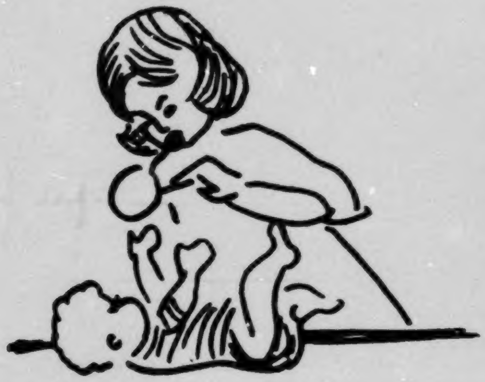
and success needs
to be experienced.



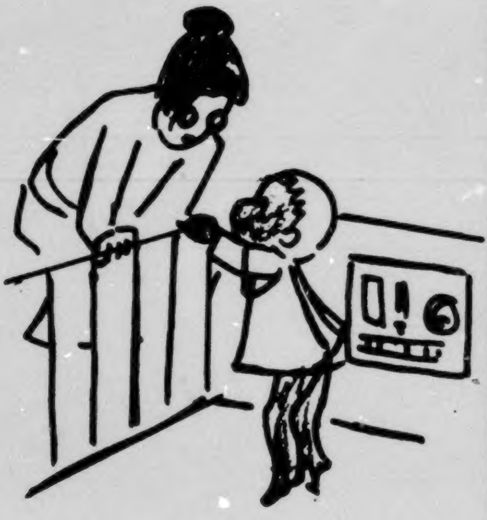
Individual attention is essential ...



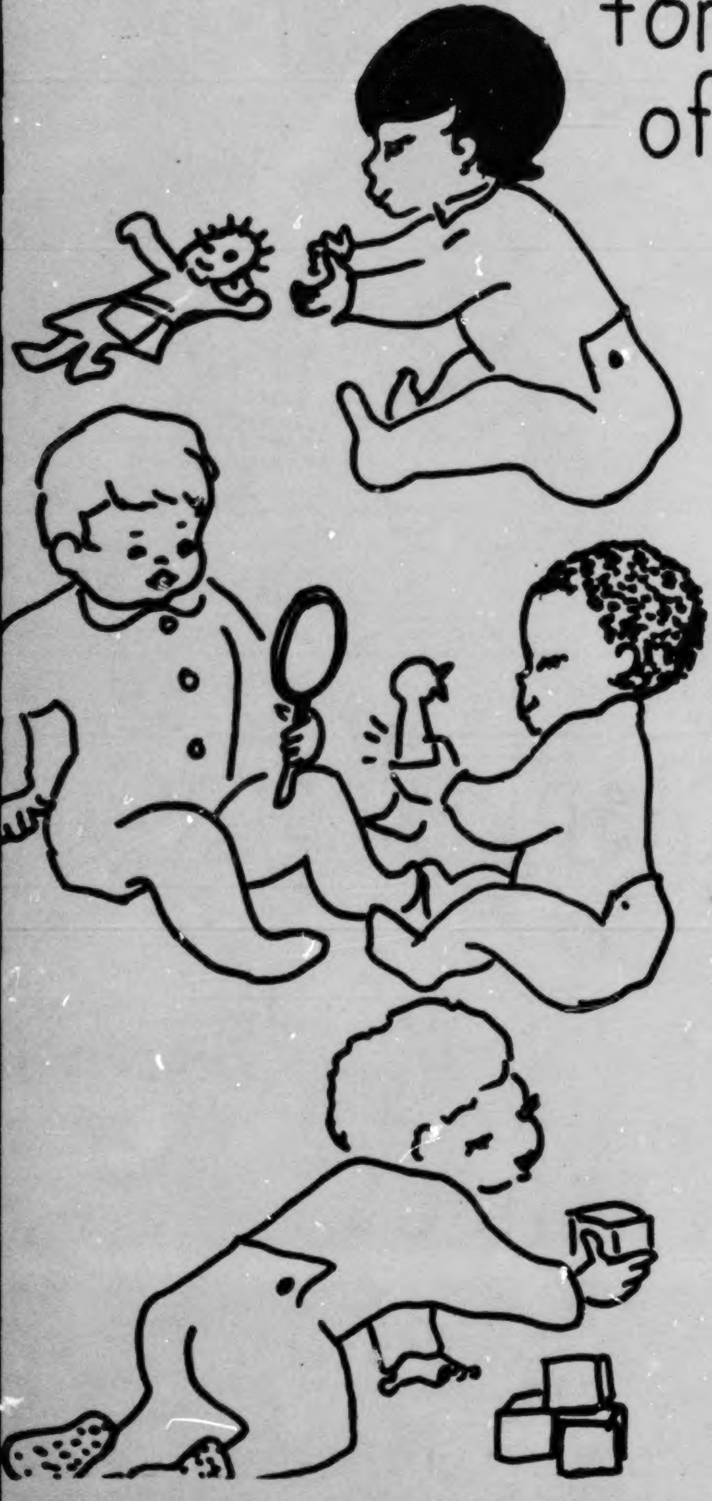
playing



talking



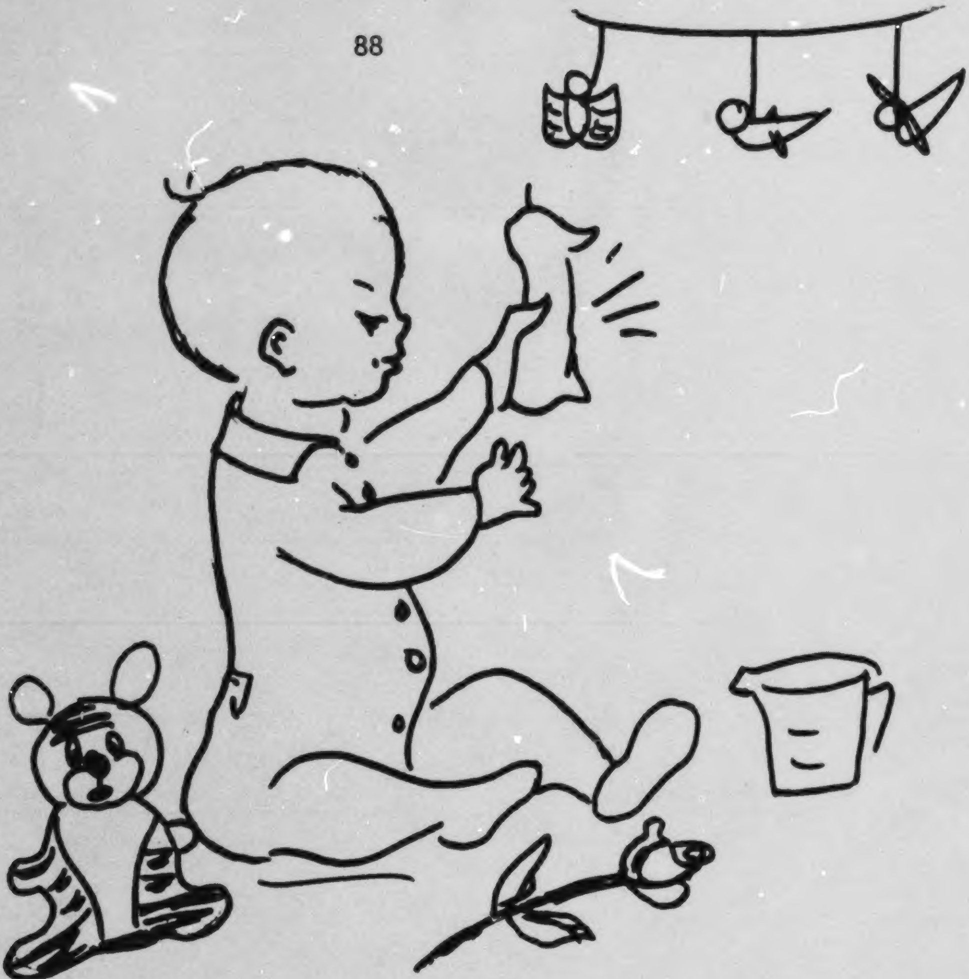
The infant care center should provide for the growth of the infant...



physically

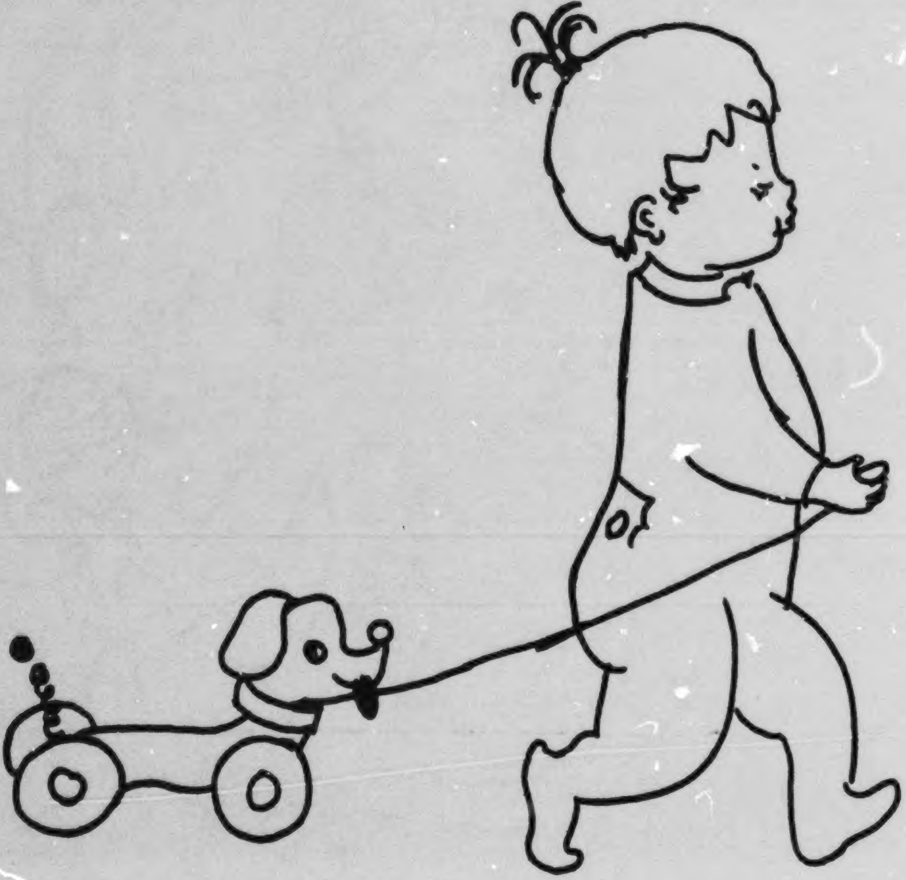
socially

intellectually



The infant learns and grows by using the five senses.

All this leads to the development of a positive self-concept.



The infant care staff must be knowledgable of child development and must truly relate to the infant's world.

INFANT CARE GUIDELINES

by
Charlotte G. Garman
Arlene A. Babe

Pennsylvania Department of Education
Early Childhood Division

INTRODUCTION

The development of day care services for children under the age of three is not only a logical next step in the evolution of child care practices in Pennsylvania, but a necessary one. Infant day care is a requisite for parents who wish to continue their education, maintain the integrity of family and social life or who are employed. Statistically, a definite need for infant day care is apparent: by 1980, 5.3 million mothers will be working; 43% of present-day working mothers are of low economic status; between 1960 and 1970 there was a 60% increase in the number of single parent families -- and during this same period, the number of single parent families headed by women increased by 56%. There is every indication that these trends will continue.

Infant day care centers should be developed and implemented as part of a comprehensive community plan to promote stable family life. Quality infant care is a supplement to the home, a place where individuality is promoted, a child-oriented center in which children are involved in self-chosen activities. An infant day care center is able to provide more materials than found in the average home and can expose children to a wider diversity of peers and adults, thus enhancing language and social skills. Infant day care center teachers devote full time to the infants; no longer must infants be relegated to the play-pen while house work is being done.

Infant day care must respond to the needs of the community. Centers should be conveniently located, whether near home, schools, or parental places of employment. Child care practices, nutritional needs, social help should all be available to parents. Infant day care is the avenue for fulfilling a societal need and an opportunity to create new patterns of child care.

PHILOSOPHY

The goals of an effective infant care program are quite basic - to supplement the parental care given very young children and to aid these children in their physical, emotional, social, and intellectual growth. In order to accomplish these goals, the infant care center must provide staff that is not only competent to work with children, but staff that likes and respects children. The staff must promote a warm, accepting atmosphere - an atmosphere that preserves children's natural curiosity and creativity, an atmosphere that encourages self-reliance, an atmosphere in which children can experience success; in short, an atmosphere that strives to develop and maintain positive self-concepts in children.

Children need, also, to develop a sense of trust, a sense of belonging. They need to be aware of themselves and those around them. The infant care staff must be large enough to give individual attention to every child - to hold, cuddle, talk to, listen to, play with, be with. Daily individual attention gives infants a needed sense of security. The infant care worker must be willing to give the child this security and love and must be able to cope with the child's angers, frustrations, and joys.

Young children's modes of learning take many forms but have their origins in the senses. Children touch, smell, listen, taste and look. They are curious little creatures who desire to experience everything. To develop physically, emotionally, socially, and intellectually children must be encouraged and stimulated to use these senses to explore, imitate, participate and communicate. The infant care staff must expand the children's awareness and see to it that they receive varied and well-organized experiences.

SAMPLE SCHEDULES
FOR
INFANTS AND TODDLERS

ALL-DAY SESSIONS FOR CHILDREN

8:20 - 8:45 A.M.	Arrival and nurse's inspection
8:30 - 9:45 A.M.	Free Play and work time
9:45 - 10:00 A.M.	Housekeeping and toileting
10:00 - 10:20 A.M.	Group meeting - sharing interests and observations, discussing plans and evaluating activities
10:20 - 10:30 A.M.	Fruit juice
10:30 - 10:50 A.M.	Singing and rhythmic activities
10:50 - 11:10 A.M.	Varied activities - outdoor play, games, special work period
11:10 - 11:20 A.M.	Preparation for luncheon
11:20 - 11:45 A.M.	Library and story time
11:45 - 12:15	Luncheon
12:15 - 1:15 P.M.	Outdoor play
1:15 - 1:30 P.M.	Preparation for rest
1:30 - 2:30 P.M.	Rest period (on cots)
2:30 - 3:00 P.M.	Dressing, making beds, snack time
3:00 - 3:15 P.M.	Varied activities - music games, story
3:15 - 3:30 P.M.	Departure

ALL DAY SESSION FOR CHILDREN

9:00 - 9:15	Roll call, flag salute, greetings, health inspection
9:15 -10:15	Work period, planning, clean up, evaluation
10:15 -10:30	Health activities
10:30 -10:45	Songs
10:45 -11:00	Rhythms
11:00 -11:15	Stories
11:15 -11:30	Preparation for lunch
11:30 -12:15	Lunch
12:15 - 1:00	Get ready for resting on cots
1:00 - 2:00	Rest on cots
2:00 - 2:15	Get dressed. toilet, milk lunch
2:15 - 3:00	Stories, out-door play

SAMPLE SCHEDULE

Project Early Push
Buffalo, New York

		What Happens	Result of "Activity Happening"
9:00	Child arrives with mother or father	Child and parent warmly greeted by the staff. Child hangs wraps in his or her locker. If the child wants it, there is a breakfast snack available.	A child's feelings of self-worth are increased. He or she is somebody special, the teachers like them. Parent feels a part of the program. Nutritional services are available for those who need them.
9:00 10:30	Free Play Learning Experiences	Block play, exploration of books, dramatic play, undirected art activities, use of the listening center, manipulative play with toys and puzzles, science and water play activities.	Children continue self-image development, socizlization skills are increased as they play and share learning experiences with their peers. Language skills are developed-knowledge of colors, numbers, shapes, sizes, etc.etc. are increased. Small and large muscles are developed. Eye-hand coordination, expression of creativity.
10:30 11:00	Transition to clean up of free play learning activities	Materials used are placed back in order by the children.	Children learn responsibility, socialization and language skills are developed as they work with their peers.
	Extended Snack	For those who wish to join, a well balanced extended snack is provided. The children often help prepare the snack and usually "clean-up" afterward.	Good nutrition is available. Children continue to develop knowledge and accept responsibility.
11:00 11:30	Transition to a brief rest period	Those who wish to rest 5-10 minutes while others engage in quiet activities.	Restoration of energy, while quiet time activities allow children freedom of choice.
	"Group Time"	The teacher, aide or visiting parent tells or reads a story.	Language development and listening skills are developed as children learn.
	Dismissal	Children are picked up by adults or older children.	The busy day of learning for the Early Push child, now as it began, continues at home.

SAMPLE ACTIVITIES
FOR
INFANTS AND TODDLERS

GENERAL ACTIVITIES

1. Day Care Picture Book: Make special book for day care center. Take photos of things children see everyday at center. Encourage children to name familiar objects and locate them in the room.
2. Put objects near baby so he/she can make them move. (0-5 months)
3. Allow baby to grasp objects. (0-5 months)
4. Play with mirror and baby. (0-5 months)
5. Put toy on material; let baby pull material and toy. (5-9 months)
6. Attach toy to string; let baby pull string. (5-9 months)
7. Make stuffed animals sit, stand, etc. (17-24 months)
8. Play with nesting games.
9. Use finger plays.

SKILL BUILDING ACTIVITIES

1. Problem solving:
    - a) Cover favorite object with piece of paper, towel, diaper. Let child find object.
    - b) Put small object in one hand; close fists. Hold out both fists. Say "Guess which hand has the object." (11-24 months)

2. Eye muscles:

    Hold shiny object (tinfoil ball) about one foot from infant's eyes. Slowly move ball from side to side, up and down, around. (Note - do not use object that makes noise. Infant then would not be relying entirely on eye muscles.)

3. Auditory problem solving:

    Turn on transistor radio and hide it -- in drawer, under box, behind curtain, in closet, etc. Let child hunt sound.

4. Promoting dialogue:
    - a) Respond to baby's sounds. (0-5 months)
    - b) Imitate language-like sounds.(5-9 months)
    - c) Learn and communicate in the supermarket. (8-13 months)
    - d) Keep constant conversation with child. (11-19 months)

5. Auditory:
    - a) Shake rattle from side to side, up and down, around. (0-5 months)
    - b) Encourage body movements toward rattle. (5-9 months)

6. Sorting:

    Sort shapes, common objects.

7. Visual Motor Coordination:

    Use:
    - a) hammer, block boards
    - b) buttons, zippers
    - c) plastic plates, templates
    - d) mosaic tiles
    - e) puzzles
    - f) beads
    - g) peg boards

8. Listening:

    Use musical/rhythmic sounds when infant is crying: e.g., shake rattle in rhythmic pattern, ring bell rhythmically, whistle soft, simple tune, hum a few notes -- repeat same notes several times.

9. Relations with others:
   Play with infant: Stretch arms out wide and bring them back over chest; swing legs from side to side; pump legs over stomach; clap hands. Does infant move in the direction of the activity? Does the infant show excitement in body or face? If so, this is a first step in learning to play with others.

10. Problem solving:
    Make special poking box. Cut a big hole and small hole in cardboard carton. Put child in carton with large object that will only fit through large hole. Let child experiment; give variety of objects to push through large hole.

11. Observing:
    Collect pictures of single one-dimensional objects from magazines. Paste pictures on heavy cardboard. Let infant hold and look at or hang from crib. Name object in picture as caregiver talks with child.

12. Visual skills:
    Hang brightly colored, movable mobiles over crib.

13. Initiation of crawling:
    Place toy just out of reach; caregiver places palm on child's sole, child pushes against palm; with other hand, caregiver keeps moving toy out of reach.

14. Orientation to environment:
    Watch live animals, e.g., duck swimming in water, feeding animals.

15. Learning to walk:
    Let child stand upright, holding onto side of playpen; caregiver, holding toy, stands to side of child and moves away as child moves toward toy.

16. Matching:
    Match (say) animal sounds with picture of animal.

17. Implementation of instructions:
    Carry out verbal instructions.

18. Tactile awareness:
    Give infants opportunity to feel and grasp materials and objects of many textures -- soft, rough, bumpy, fuzzy, prickly. Talk about the "soft bunny" as child touches it, etc.

MATERIALS FOR SOCIO-DRAMATIC ACTIVITIES

1. Housekeeping furniture
2. Full-length mirror
3. Dolls
4. Dress-up clothes, hats
5. Puppets
6. Work Bench
7. Grovery store items
8. Post Office
9. Farm Items

FINE MOTOR ACTIVITIES

1. Finger dexterity: Put jingling object (key, button) in clear plastic bottle with twist-on cap. Shake bottle, give to infant to open.
2. Finger painting: Use pudding, syrup or whipped topping. (Use only a very small amount!)
3. Pouring sand: Pour sand from container to container.
4. Put rings on pegs.
5. Put small blocks through holes in box.
6. Give child small plastic bracelets to put on and remove.
7. Give child box of small items (but not small enough to be swallowed); let child pick up items.

GROSS MOTOR ACTIVITIES

To develop skill in use of large muscles, use:

1. Climbing structures
2. Imitation: play "Do What I Do" games. Make gestures for
   concepts - up, down, high, low, etc.;
   touch, identify body parts.
3. "Fetch games": Try "Run and get the ______(e.g.) ball.
4. Block building
5. Walking beam
6. Balance squares
7. Box play (give child a large box or two to crawl in, out, over.)
8. Bean bags, target boxes
9. Water play
10. Riding toys
11. Large balls - play catch.
12. Shovels, sand, and a place for digging.
13. Jumping mats
14. Objects for lifting
15. Play that asks child to jump, tiptoe, hop, run, etc.
    Play that asks child to stretch, reach, wave, point, etc.

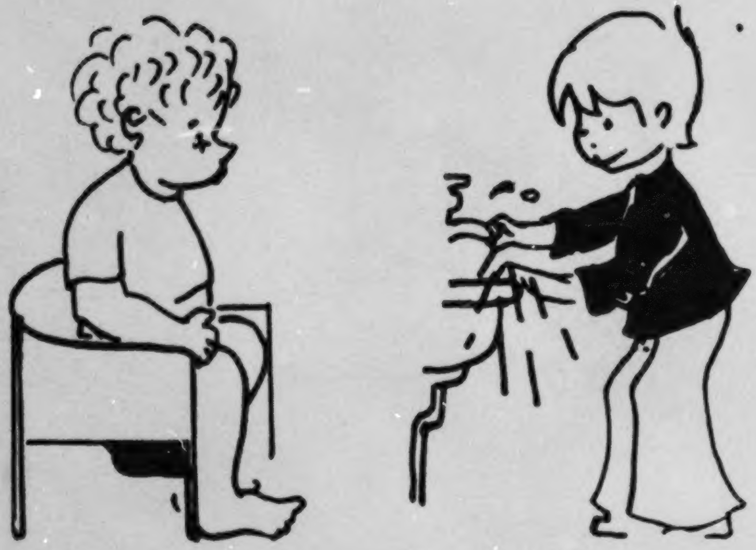
The World of the Two Year Old

by Arlene A. Babe
Charlotte Garman, editor
Claudine Koslosky, illustrations

During the second year of life, the child develops a sense of autonomy & individuality.

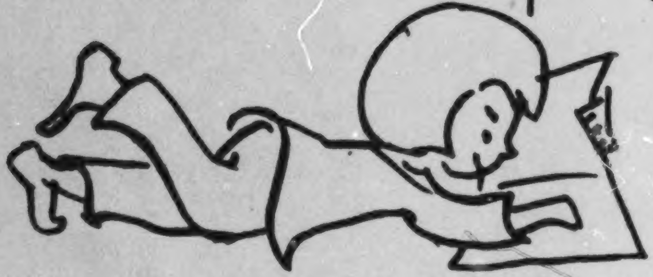
The two year old often displays ritualistic behavior and has occasional temper tantrums

The adult must understand negative behavior - a light touch, a quiet voice.

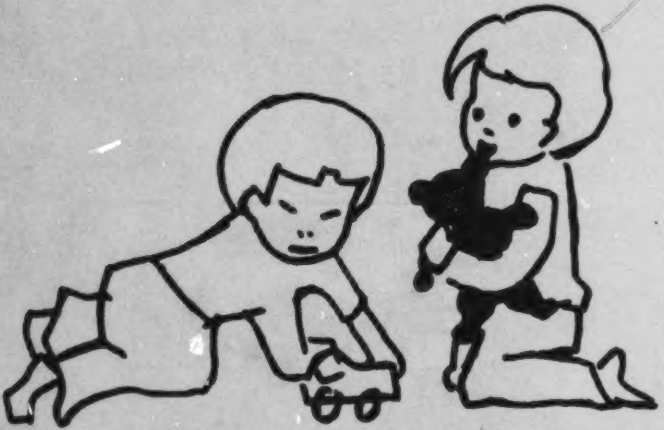


A two year old is ready for toilet training and instruction in personal hygiene.

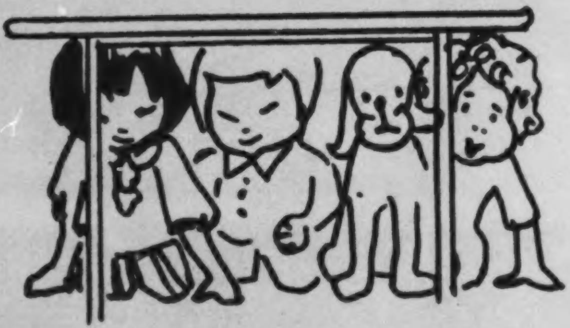
Play is essential to two year olds. They play...



alone

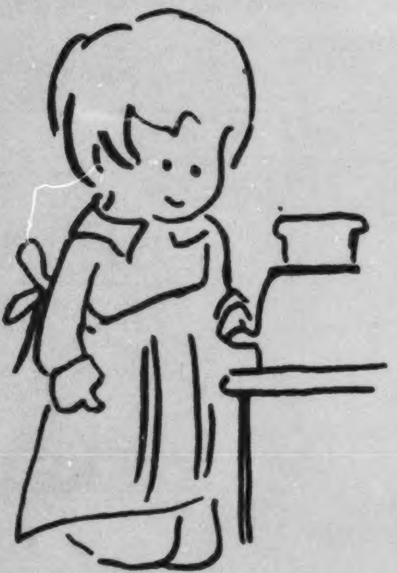


alongside a friend

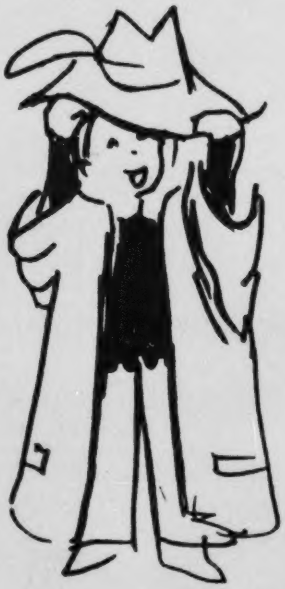


with friends.

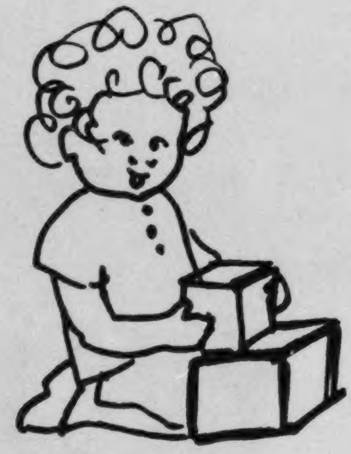
To children, play takes many forms

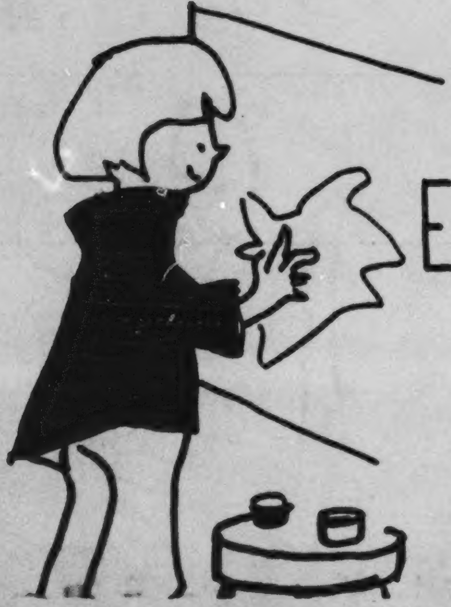


Pretending

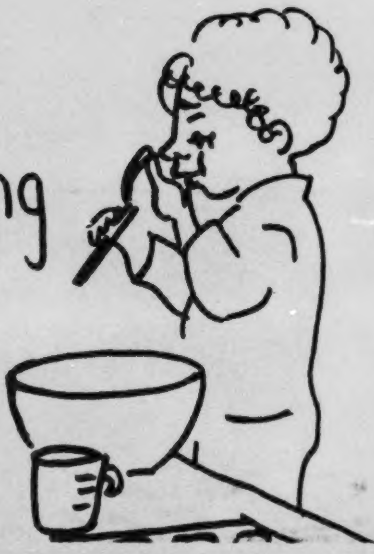


Learning



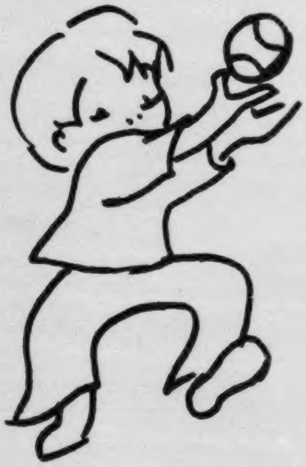


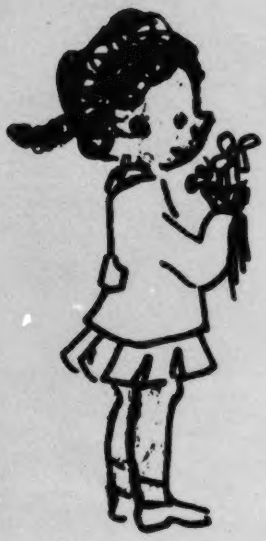
Experiencing



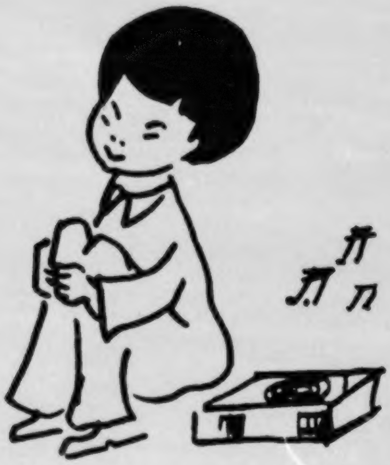
Through play two year olds explore

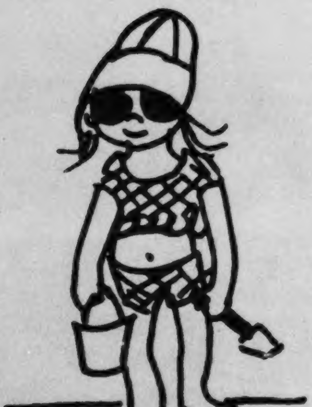
their muscles



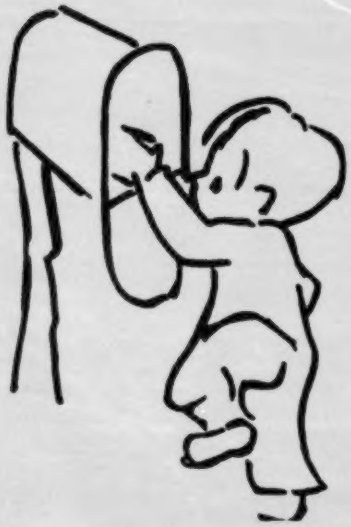


their senses

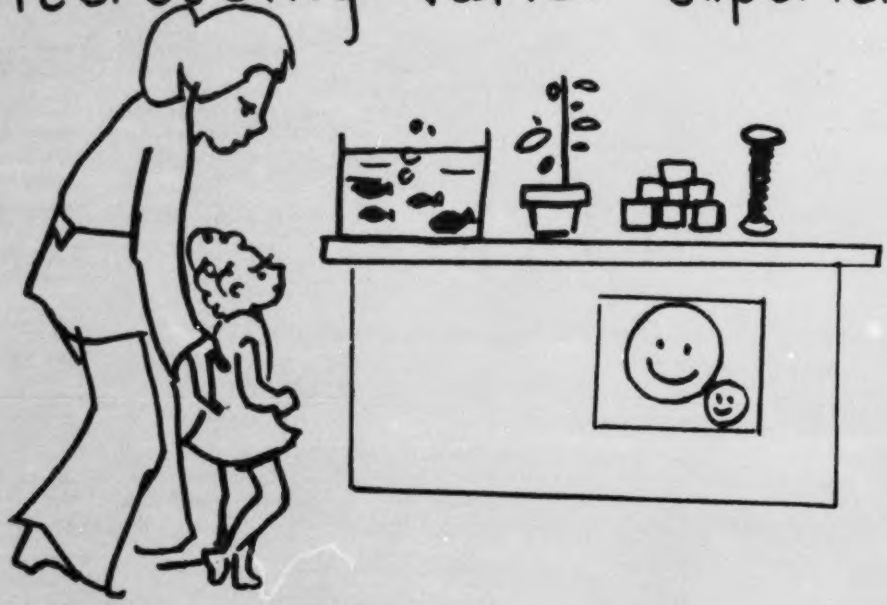




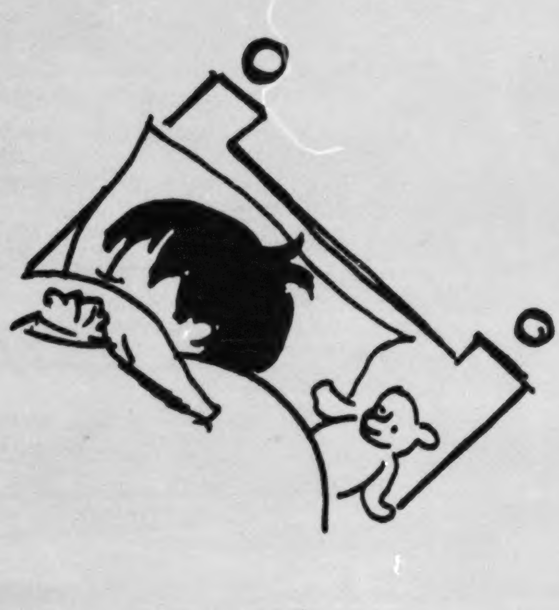
their world.



All this means that adults must plan interesting varied experiences



and always keep the child's

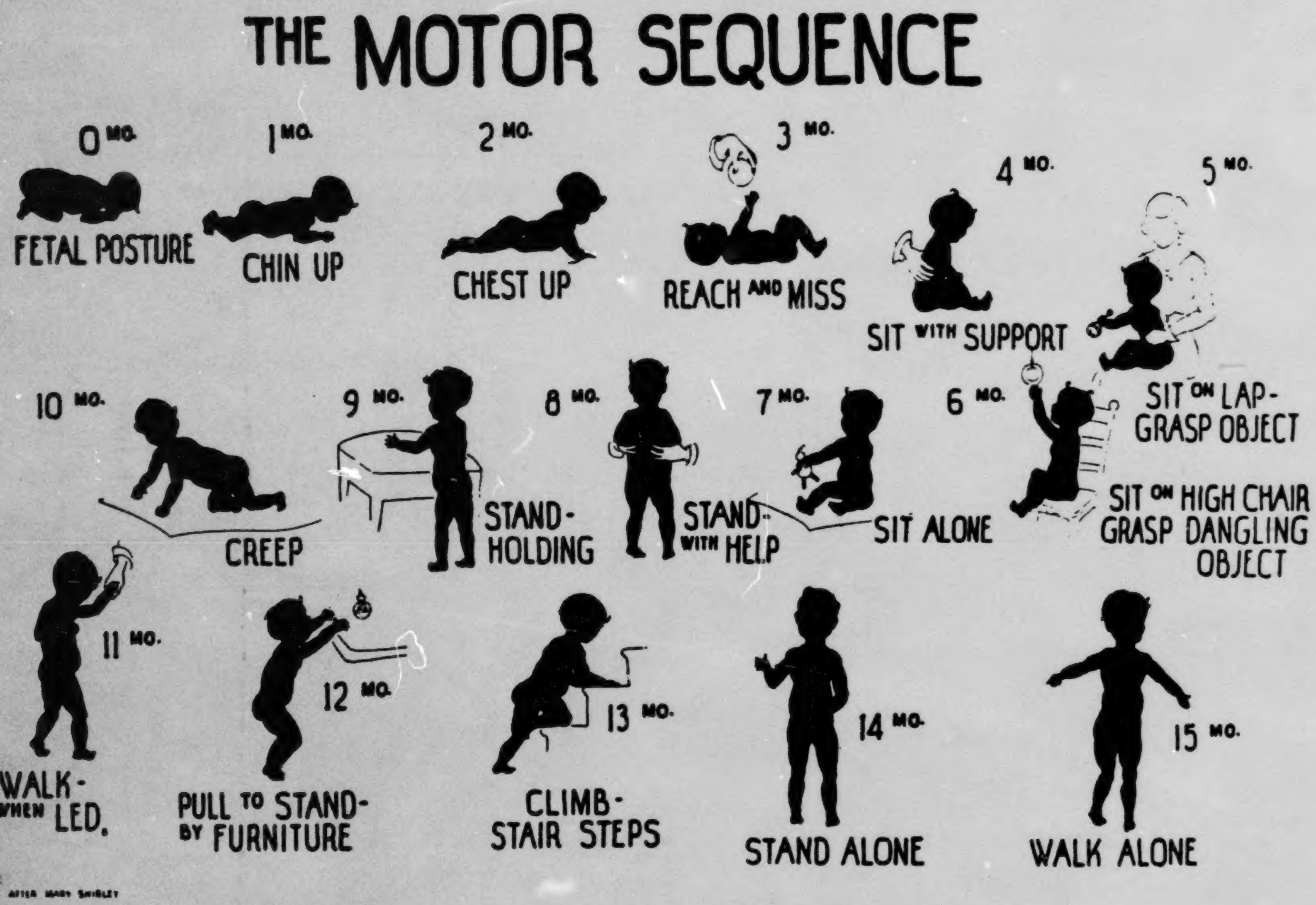


needs and interests in mind.

CHILDREN ALL GROW DIFFERENTLY

They won't all reach the same point in growth at the same time. Keeping this in mind, you can get a pretty good idea from this chart of what to look for as children grow up.

	PHYSICALLY	MENTALLY	SOCIALLY AND EMOTIONALLY
The First Year	Grows rapidly. On first birthday may weigh three times as much as at birth. First tooth may appear at 6 or 7 months. Bodily proportions change — head relatively less large than at birth. Begins to grasp things with hands, to kick, and to crawl.	Touch, taste, and smell help him get acquainted with world around him. Recognizes much of what he sees, and understands some of what he hears. Shows preference for certain toys. Tries to imitate sounds he hears.	Shows anger when hungry or uncomfortable. Shows affection for parents. Around third or fourth month, begins to respond socially to those around him, and to show interest in what is going on.
Early Childhood: 1 to 6	Learns to walk between 1 year and 18 months. Toilet, sleeping, and eating habits gradually established. From 2 to 6, large muscles develop rapidly; motor coordination, unevenly. Girls usually a year ahead of boys in physical development.	Begins to say Mama at 1, and by 2, uses short sentences. Vocabulary grows by leaps and bounds. Likes songs, nursery rhymes, cutting, pasting, coloring. Learns many games, asks lots of questions, and sees relationship between ideas.	Temper tantrums to get own way. Says no a lot. Plays alone at first. Interested in group activities in third year. Likes creative play. Doesn't differentiate much between boys and girls. May go through period of handling sex organs. Can carry some responsibility.
Middle Childhood: 6 to 10	Rate of growth slows down. Begins to lose baby teeth and gets first permanent tooth. Sexual organs grow at slower rate than rest of body. Muscular coordination still uneven and incomplete. Better control over large muscles than small ones. Manual dexterity and hand-eye coordination increase. Enjoys play that uses whole body.	Learns to read. Is gradually acquiring other knowledges and skills. Enjoys myths, nature stories, heroic tales, comics, radio, TV, and movies. Learns best when can be active while learning. Acquires some sex information—much of it outside the home. Recognizes differences in how boys and girls are expected to behave.	Sexual feelings and interests very much alive—masturbation may increase. In spite of sexual feelings, interests of boys and girls diverging—less play together. More independent—learning to take responsibility and control emotions. Some understanding of time and money values. Concern about right and wrong.
Later Childhood: 10 to 13	More rapid growth—muscles expand, bones lengthen. Bodies may be ungainly and awkward because of sex changes. Voice changes in boys. Girls mature before boys, but in both sexes colorless hair appears around genitals. In girls, hips and breasts round out and menstruation may begin.	Wider range of learning and greater acquisition of skills and knowledges. Growing ability to reason and think out own problems.	May not fully accept changes in body. Grown up one minute and irresponsible and childish the next. Great desire to be part of the group and accepted by others his own age. Awakening interest in personal appearance. Growing interest in other sex.
Adolescence	Rate of growth slows down, but still rapid. Girls reach adult height at about 16. Boys grow until 17 or 19. Increase in appetite. Coordination improves. Sexual maturity is reached.	Learning becomes more specialized in preparation for job or career. Interest in abstract moral and philosophical problems, and in social questions. More critical of own learning achievements.	Moody spells, rebellion, drive toward independence. Changing relationships with parents, teachers. Interested in problems of marriage and vocation. More guidance needed since this is time of many life decisions.


THE MOTOR SEQUENCE
0 MO.
FETAL POSTURE
1 MO.
CHIN UP
2 MO.
CHEST UP
3 MO.
REACH AND MISS
4 MO.
SIT WITH SUPPORT
5 MO.
SIT ON LAP-
GRASP OBJECT
6 MO.
SIT ON HIGH CHAIR
GRASP DANGLING
OBJECT
7 MO.
SIT ALONE
8 MO.
STAND-
WITH HELP
9 MO.
STAND-
HOLDING
10 MO.
CREEP
11 MO.
WALK-
WHEN LED.
12 MO.
PULL TO STAND-
BY FURNITURE
13 MO.
CLIMB-
STAIR STEPS
14 MO.
STAND ALONE
15 MO.
WALK ALONE
AFTER MARY SHIRLEY

Motor Development of the Infant. (Child Welfare Monograph Series, "The First Two Years"; after Mary Shirley.)

HB11.229P 4/70

CHILD DEVELOPMENT GRADE ________

Complete and hand in for approval:

Captain's name ____________________

Co-Captain's name ____________________

People responsible for daily jobs listed below:

1. Snack
   1. ________________________________
   2. ________________________________
2. Quiet Lesson (learning experience)
   1. ________________________________
   2. ________________________________
3. Game
   1. ________________________________
   2. ________________________________
4. Song
   1. ________________________________
   2. ________________________________
5. Craft
   1. ________________________________
   2. ________________________________
6. Walk
   1. ________________________________
   2. ________________________________
7. Lunch (same people as number 1)
   1. ________________________________
   2. ________________________________

CHILD CARE CENTER

1. Observe children with three different personality traits. Describe: Learn name.

   a.

   b.

   c.

2. Observe five interesting crafts or ideas in room.

   a.

   b.

   c.

   d.

   e.

   Comments:

3. How is discipline carried out?

4. What form of punishment is used?

5. Write on the back page what you observed. Discuss likes, dislikes, could be improved, most impressive features. One side filled completely.

NURSERY SCHOOL GRADE

NAME______________________________

	Excellent	Good	Average	Poor	Unsatis-factory
1. Attitude					
2. Conduct					
3. Responsibility					
4. Organization					
5. Ability to see things to be done					
6. Cooperation					
7. Leadership					

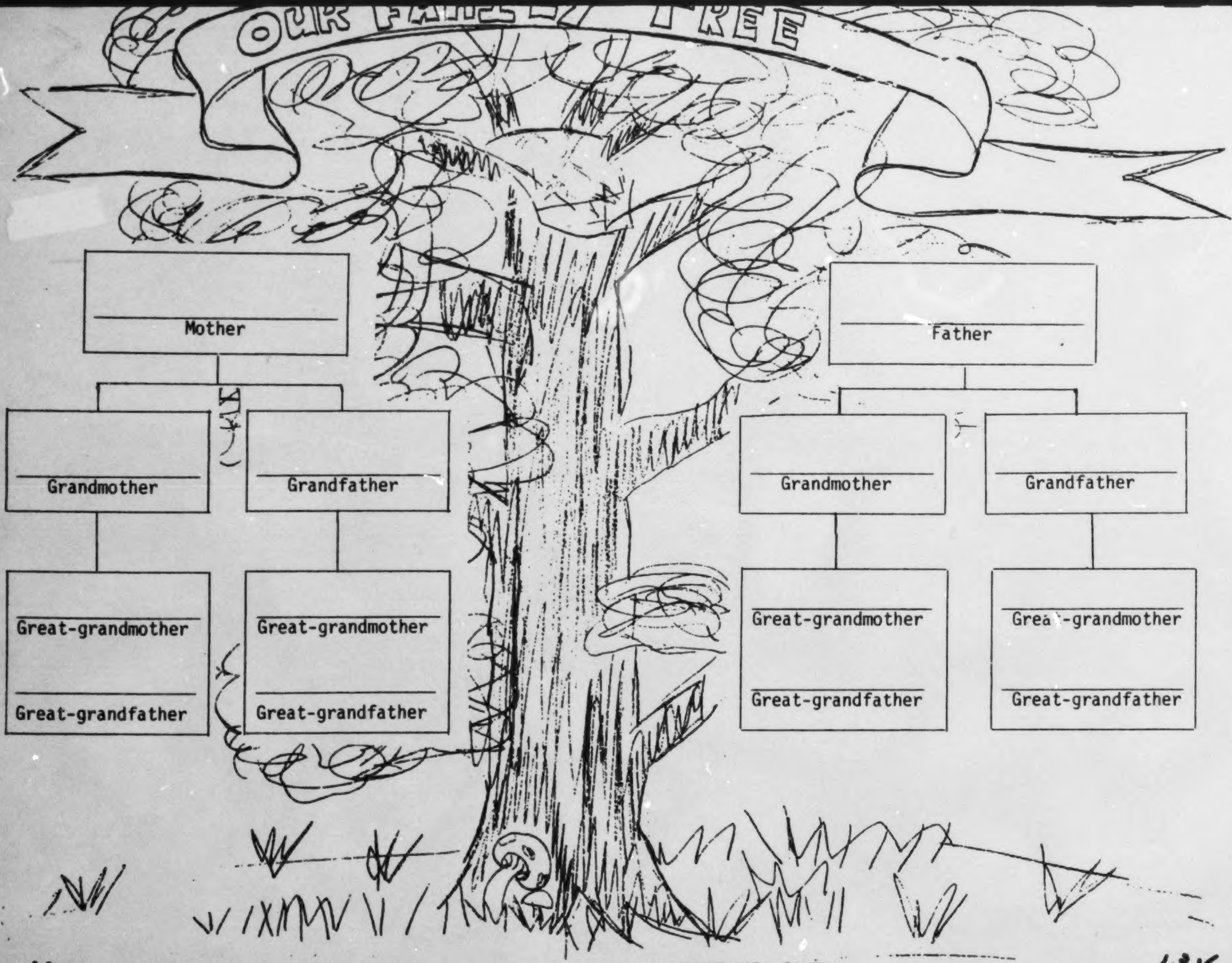
A = All excellent

B = Excellent plus 2 good or average

C = Good with one excellent and 1 average

D = Average

F = Poor or unsatisfactory


OUR FAMILY TREE
Mother
Father
Grandmother
Grandfather
Grandmother
Grandfather
Great-grandmother
Great-grandfather
Great-grandmother
Great-grandfather
Great-grandmother
Great-grandfather
Great-grandmother
Great-grandfather

TOYS FOR EACH AGE GROUP

3 year olds:

a. push and pull
b. pile up
c. dump
d. dig with
e. carry around
f. match and tie together
g. handle, mold, cuddle

Blocks, stuffed animals, rag dolls, wooden animals, doll beds, dishes, small trucks, pounding sets, peg boards, pull toys, sand toys, floating toys, beach balls, picture books, nestling cans, carpet sweepers.

4 year olds:

a. make-believe play
b. test their strength
c. develop finger muscles
d. learn to balance
e. to move fast

Baby dolls, doll carriages, swings, wagons, trestles made of planks, chinning rods, paper, crayons, chalk, easels, paints, thick brushes, jigsaw puzzles, garden tools, sound toys, simple musical instruments like tom-toms, triangles, cymbols, drums, wheelbarrow, housekeeping tools.

5 and 6 year olds:

a. to do things with
b. for mental and physical growth
c. for construction
d. for vigorous physical exercise

Toys are woodworking tools, boxes of soft wood scraps, nails, dress-up boxes, housekeeping equipment like irons, ironing boards, stoves, sinks, tea sets, xylophones, transportation toys, sleds, simple gym equipment like low bars, rings, climbing apparatus, slides, swings and tumbling mats; bean bags, ladders, large packing-case playhouses, jump ropes, teeter-totters.

HOUSEHOLD ARTICLES MAKE GOOD TOY

Many household articles, such as egg beaters, tin lids, measuring spoons, wooden spoons, clothes pins, and empty boxes, are enjoyed by children. Things around the home that can be used in play activities include:

1. Spools - used for blowing soap bubbles; can be strung as beads.
2. Dress-up clothes - old dresses, hats, shoes, pocketbooks.
3. Cigar boxes and cheese boxes - make cars; attach a tin can for an engine; hollow blocks; truck bodies.
4. Old rolling pin - saw off slices for wheels for pull-toys.
5. Tin cans - collect various sizes to make nesting toy; remove tops carefully and paint.
6. Clothespins - paint them; can be used on edge of cans; use to hang drawings on clothesline to dry or display.
7. Oatmeal boxes - cradle for small dolls.
8. Orange crates and apple boxes - sand and paint; make sinks, cupboards, stoves, tables, storage space.
9. Pieces of rope for jumping-pulling things.
10. Old pots and pans - playhouse utensils.
11. Old socks - for dolls.
12. Scrap books - use old magazines for cutting and coloring pictures; sample wallpaper books to paste pictures in.
13. Pieces of cloth - to make hats, masks, and costumes for dramatic play.
14. Wrapping paper and bags - to put things in; to make hats, masks.
15. Things to string - macaroni, dried seeds, such as corn, peas, winged maple seeds, melon, squash, and pumpkin seeds; sea shells, popcorn, flowers, buttons, spools.
16. Scissors, paper and paste - paper chains; pin wheels; snow flakes; trace leaves on paper and cut out.

How many more can you name?

Schuylkill County
Extension Service

P. O. Box 404
Schuylkill Haven, Pa. 17972

Area Code 717
385-3431

BREAD FLOWERS

The folk art of Bread Dough Creations date back for many centuries. The primary ingredients in this mixture are slices of white bread mixed with white glue. The dough can be shaped into delicate flowers, miniature flowers, jewelry, wall plaques, filigree trim, etc. This process could be considered a first cousin to ceramics and very similar to working with air-drying clay. This is a fascinating art with no two pieces alike.

Materials needed for one batch of dough:

- 3 slices fresh white bread with crusts removed
- 1 tbsp. white glue
- 1 tsp. glycerin
- 1 tsp. white liquid shoe polish
- 3 drops lemon juice
- Cake coloring (or poster paints)
- #30 gauge wire for stems

1. Remove crusts from bread.

2. In a small mixing bowl, tear or crumb bread into tiny small pieces.

3. Add shoe polish, white glue, lemon juice and glycerin. Mix together with fingers. Knead with fingers until mixture no longer sticks to fingers and has a smooth surface like pre dough.

4. Divide dough into several portions. Save one portion as is and to each remaining portion add a different color of food coloring. Knead until color is evenly distributed.

5. Decide on color to use and store the remainder of the colored dough balls in plastic wrap and place in refrigerator until ready to use. It will remain usable for several days if stored this way.

6. Shape into flowers, leaves, etc. as desired. Insert flowers on wire for stems. Larger flowers and stems should be wrapped with floral tape. Stand flower in a small piece of white styrofoam to keep in an upright position to dry. When flowers are thoroughly dry, apply any one of the following finishes:

A. Bisque-like finish: allow flowers to completely dry without coating it with anything.

B. Ceramic-like finish: using a small brush, coat item 3 times with a solution of equal parts water and white glue, allowing it to dry in between each coat. After last coat, place in a 350° F. oven for 3 to 5 minutes. This produces a sheen. For miniature size flowers, bake only one minute.

C. A glaze may be brushed on to seal petals and to give them a lasting shine. This is a more expensive finish.

D. Other products that will produce a shine is a crystal clear plastic aerosol spray or brush on each petal, clear colorless nail polish. (Frosted nail polish in shades of pink or red are also attractive.)

Ruth Hand
(Mrs.) Ruth M. Hand

FINGER PAINT

1 quart boiling water
3/4 cup soap flakes
1 teaspoon glycerine (buy at drug store)
3/4 cup laundry starch
few drops of oil of cloves or wintergreen
Poster paint for color

1. Moisten starch. Pour into boiling water
2. Stir until thick and smooth.
3. Remove from stove.
4. Add soap flakes. Stir until dissolved.
5. Mix poster paint in enough water to dissolve.
6. Add starch mixture to color while still warm.
7. Add oil of cloves or wintergreen to starch mixture to keep it fresh.
8. Add glycerine after mixture cools.
9. Paint on glazed surface paper (shelf paper) - Wet on both sides. Place on table shiny side up.
10. Spread a small amount (about 1/2 teaspoon) with hands and fingers to create designs.
11. When painting is finished, hang up to dry.

HOMEMADE CLAY DOUGH

- 1 cup flour
- 1/2 cup salt
- 3 teaspoons alum
- enough water to hold ingredients together
- vegetable coloring

When not in use, store the clay in a covered container. To keep it in good condition, knead a small amount of water into it when the surface dries. Divide into three or four parts and make each part a different color. Beet juice, grape juice, spinach water, and household bluing may also be used for coloring.

PERMISSION FOR CLINICAL EXPERIENCE IN HOME HEALTH AIDS

STUDENT'S NAME: ______________________________

AREA OF CLINICAL EXPERIENCE: ______________________________

DATES OF CLINICAL EXPERIENCE: ______________________________

SIGNATURE OF PROGRAM TEACHER: ______________________________

HOME HEALTH AIDS TEACHER: ______________________________

PARENT'S SIGNATURE: ______________________________

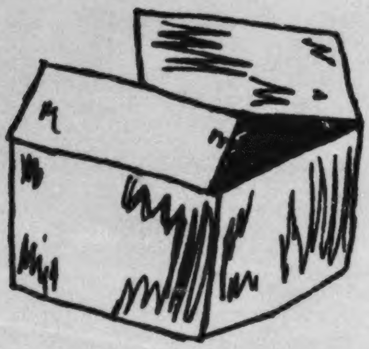
NAME, HEALTH AIDES VOCABULARY WORDS

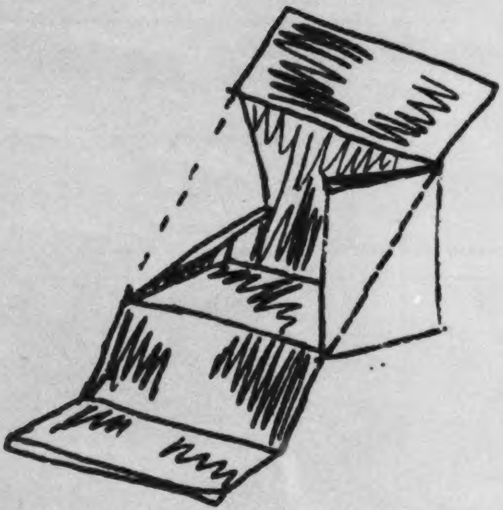
Write in the proper word for the following abbreviations from Column B

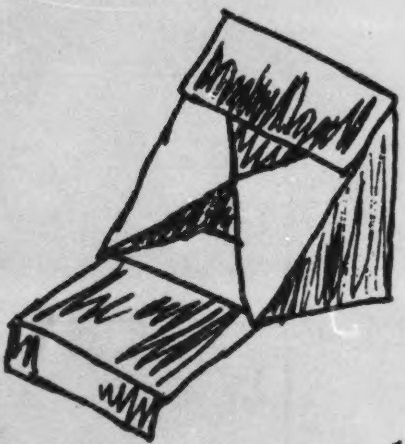
COLUMN A		COLUMN B
A.C.	________	FOUR TIMES A DAY
P.C.	________	HOUR OF SLEEP (BEDTIME)
A.M.	________	HOUR
P.M.	________	BEFORE MEALS
B.I.D.	________	EVERY TWO HOURS
T.I.D.	________	AFTER MEALS
Q.I.D.	________	THREE TIMES A DAY
Q 2 HOURS	________	EVENING OR AFTERNOON
H.S.	________	MORNING
HR.	________	TWICE A DAY
O.R.	________	OBSTETRICS
B.R.	________	EMERGENCY ROOM
LAB.	________	CENTRAL SUPPLY
O.P.D.	________	OPERATING ROOM
O.B.	________	OUTPATIENT DEPARTMENT
E.E.N.T.	________	BATHROOM
G.U.	________	GASTROINTESTIONAL
G.I.	________	LABORATORY
E.R.	________	GANITOURINARY
C.S.	________	EYE, EAR, NOSE, THROAT
P.R.N.	________	AS DESIRED
STAT	________	WHENEVER NECESSARY
AD. LIB.	________	DISCONTINUE
D.C.	________	AMOUNT
SPSC.	________	SUFFICIENT QUANTITY
NOCT.	________	NOTHING BY MOUTH
O_2	________	OINTMENT
TINCT.	________	TREATMENT (TAKE)
		OXYGEN

BACK REST

Homemaking







STUDENT EVALUATION SHEET FOR HOME HEALTH AIDS

Clinical Experience ____________________

Student's Name ____________________

Date ____________________

Please check (X)	Excellent	Satisfactory	Unsatisfactory
Cooperation			
Initiative			
Responsibility			
Attitude			
Integrity			
Appearance			
Conduct			

Please add any comments you feel apply.

Thank you,

Jeannette Lewis, teacher

Please return in sealed envelope.

Child Development Teacher ____________________

FOUR "B's" OF A GOOD COOK

"Be Clean" "Be Safe" "Be Wise" "Be Accurate"

"Be Clean"

1. Always have your personal equipment clean and ready for class.
2. Be sure to have clean apron and hair pulled back.
3. Wash your hands with soap and hot water before cooking.
4. Be sure nails are clean and no bright polish to chip.
5. Keep your hands away from your face and hair while cooking.
6. Keep comb and handherchief out of sight.

"Be Safe"

1. Keep handles of utensils toward center of stove.
2. Be sure your hands are dry before touching an electric switch or appliance.
3. Use a hot pan holder to pick up hot dishes.
4. Whipe up water or spilled food immediately.
5. Avoid crowding the work space.
6. Cut food away from you
7. Keep apron, towel and hot pad away from heating unit.
8. Wash knives individually, separating them from utensils.
9. Keep cupboard doors and drawers closed.
10. Know what to do in case of fire - Understand equipment.
11. Remove lids from hot utensils by lifting far side first.

"Be Wise"

1. Assemble manuals and equipment before starting to work.
2. Keep work surface orderly.
3. Know your tools.
4. Arrange utensils conveniently.
5. Place peeling and garbage in garbage drainer or paper towel.
6. Develop good dishwashing habits. Proper order is - glassware, silverware, dishes, pots and pans.

   You should have:

   (a) Rubber scrapper to clean dishes. Rinse, stack.
   (b) Hot water and detergent. Wash, rinse in clean hot.
   (c) Rubber mat and dish drainer to control water drainage.
   (d) Clean dish cloth and dish towel.
   (e) Large tray to carry dishes to save time.
   (f) Cleanser to clean sink. Rinse, dry out.

"Be Accurate"

1. Read recipe carefully. Measure ingredients accurately.
    (a) Glass cups for liquid - individual metal cups for dry ingredients.
    (b) Sift flour 3 times before measuring - pile into cup never pack.
    (c) Measure liquids on flat surface at eye level.
    (d) Remove all fat and syrup from measuring cup with rubber scraper.

Vitamins

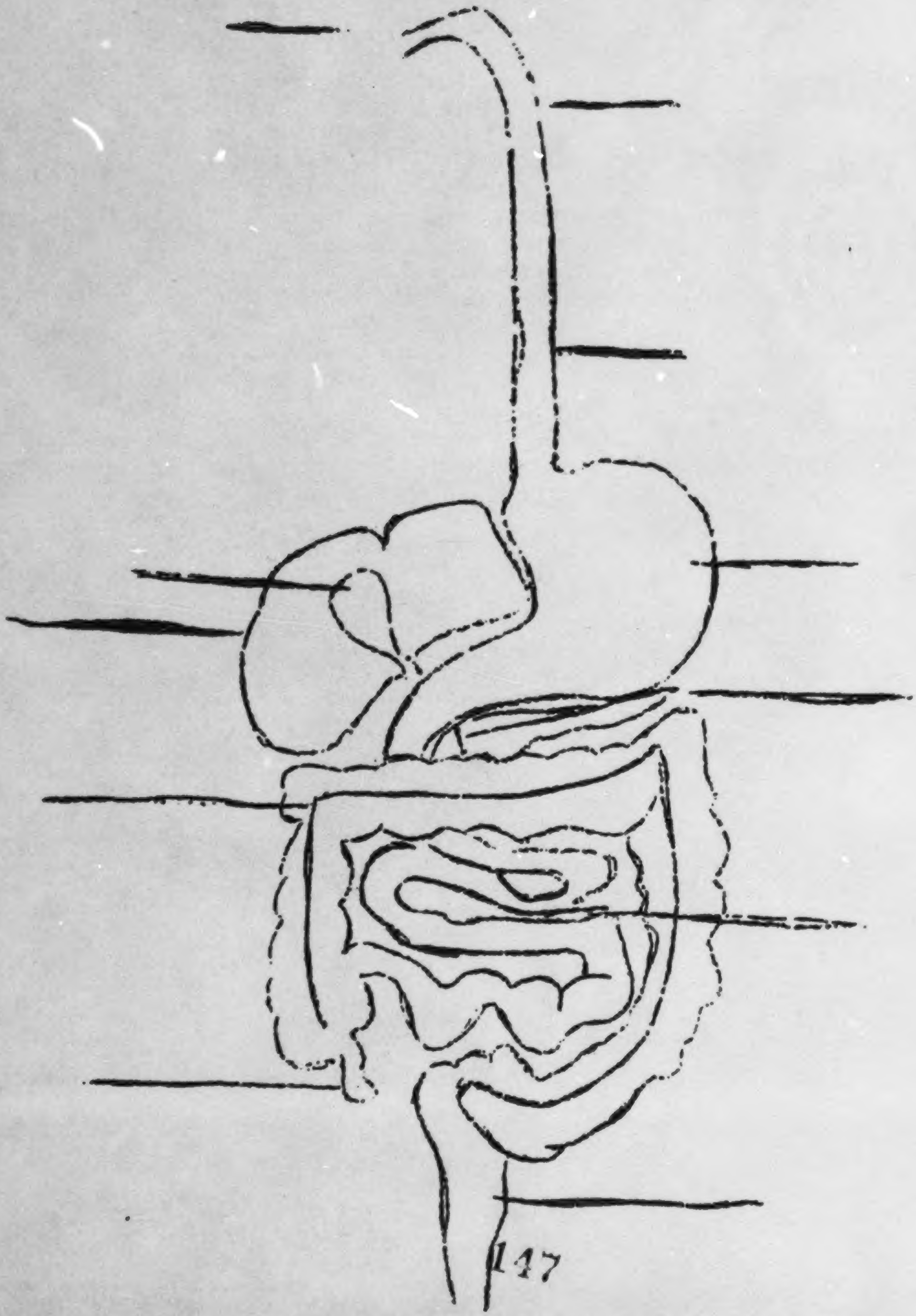
The vitamins, which include A, B, C and D,
Are full of good nutrients which we all need.
All foods are good for you, I should say,
But some such as carrots contain vitamin A.
This vitamin is special in keeping good eyes,
And preventing infections, how's that for size!
Liver contains A as we also can see,
But now let me tell you about vitamin B.
There are many B vitamins for you and for me,
Such as thiamine, riboflavin, and niacin (B's 1, 2 and 3).
They are all in liver, eggs, and lean meat,
Beware of pellogra, take plenty of B!
It's important for nerves, it keeps them steady,
We'd be awfully jumpy if we didn't have B already.

C as in citrus fruits you should always portale,
Such as oranges and limes, take these for your sake.
Lack of this vitamin can mean scurvy for you.
Oh, and vitamin C keeps our bones strong, too.

Lets talk of sunshine, meaning vitamin D.
'Cause that's where we get precious D, you see.
It also keeps bones all healthy and strong.
As do oils of fish and egg yolks to pull us along.
If vitamin D was nowhere in sight,
We'd have rickets and be in a terrible plight.
I forgot to mention night blindness before,
It's caused by lack of A, and plentiful what's more.

by Carolyn Messersmith

The Digestive System



STAPLES TO BE USED	MARKET ORDER			
	Groceries to be bought	Amount	Cost	Other Information

FIELD TRIP

FOOD BUDGETING ASSIGNMENT

List and compare prices for each of the following:

Cereal individual boxes								Large size boxes
Packaged rice								Bulk rice
Fresh tomatoes								Caned tomatoes
Fresh vegetables								Canned vegetables
Fresh vegetable								Frozen vegetable
Tomato juice								Orange juice

You choose next four which show a saving.

Best Buy	Weight	Price		Price	Weight	Best Buy

COST SHEET

Recipe:

Number of servings ______

Amount	**Ingredients**	Total Price	Partial Cost

Divide total cost by number of servings: ______

Total cost of recipe: _____

Cost per serving: ________

Name ______________________

Days ______________________

Breakfast	Lunch
Dinner	Snacks during day-time
Snacks - evening	Remarks: Balanced? Missing foods:

Breakfast Menu for a family of seven to cover eight days

FOOD SUPPLIES ON HAND:

rice krispies
wheaties
oatmeal
sugar
brown sugar
milk
eggs
bread
1 lb. bacon
2 lb. sausage
flour
leavening agents
spices
syrup
jelly
bananas
peaches
apples
grapefruit
oranges

CLEAR LIQUID DIETS

Foods Allowed:

- tea or black coffee with sugar
- apple juice
- plain gelatin
- fat free broths
- gingerale and carbonated water
- feedings given every 2, 3 or 4 hours as ordered

FULL LIQUID DIET

Includes the foods allowed on the clear liquid diet in addition to the following:

- milk, cream, buttermilk
- eggnog
- strained cream soups
- strained fruit juices
- strained cereal gruel
- cocoa, carbonated beverages
- ices, ice cream, junket, custard, puddings, sherbert

A minimum serving of 6 - 8 ounces is usually given every 2 or 3 hours.

SOFT DIET

Includes liquids and foods that have a soft texture and are easily digested.

Foods allowed:

- milk, cream, butter
- mild cheeses such as cottage or cream cheese
- eggs, except fried
- tender chicken, fish
- sweetbreads, ground beef and lamb
- soup broth and strained cream soups
- tender cooked vegetables or pureed vegetables
- fruit juices, cooked fruits, bananas, orange and grapefruit sections with membranes removed
- refined cereals, cooked cereals
- spaghetti, noodles, macaroni
- enriched white bread, white crackers
- tea, coffee, cocoa, carbonated beverages
- sherbert, ices, plain ice cream, custard, pudding, junket
- gelatin, plain cookies

SOFT DIET (continued)

- angel and sponge cake
- salt and some spices in small amounts as allowed by the physician

Foods to be avoided:

- meat and shellfish with tough connective tissue
- coarse cereals
- condiments
- gas forming foods (onions, cabbage, sausage)
- rich pastries and desserts
- foods high in cellulose
- fried foods
- raw vegetables and raw fruits except bananas and citrus fruits with membranes removed

BLAND DIET

Low in residue, low in acid content and mild flavored

Foods allowed:

- milk, cream, buttermilk, yogurt
- cottage cheese, cream cheese, mild American cheese if combined with another food
- butter and margarine
- eggs, except fried
- very tender roast, broiled and boiled beef, lamb, veal, chicken, fish, liver, and sweetbreads
- refined cereals, macaroni, spaghetti, noodles, white bread, rolls, crackers
- cream soups
- white potatoes (without skins)
- very tender peas, carrots, string beans, beets, spinach, squash, asparagus (pureed)
- orange, prune, peach and pear juice
- ripe banana, applesauce, baked apple
- canned fruits, white cherries, peaches and pears (orange juice should be served during or after meals)
- custard, pudding, gelatin, junket
- sponge cake, plain cookies, vanilla ice cream
- decaffinated coffee, weak tea if permitted by physician

BLAND DIET (continued)

Foods to be avoided:

- coarse foods
- fried foods
- usually coffee and tea
- spiced and salty foods
- condiments
- pastries and candies
- raw fruits and vegetables (except bananas and orange juice)
- alcoholic and carbonated beverages
- smoked and salted meats and fish, pork

LOW RESIDUE DIET

Consists of foods which can be almost completely absorbed, leaving very little residue in the intestines. It's intended to reduce the normal work of the intestines.

Foods allowed:

- milk, buttermilk (2 cups daily)
- cottage cheese and some mild cheeses
- butter and margarine
- eggs, except fried
- tender chicken, fish, sweetbreads
- ground beef, ground lamb (meats must be baked, boiled or broiled)
- soup broth
- baked or boiled potatoes, pureed
- vegetables, vegetable juices
- fruit juices (strained orange juice)
- applesauce, canned fruits including white cherries, peaches, pears, pureed apricots, prunes and plums
- refined breads and cereals, white crackers
- macaroni, spaghetti and noodles
- custard, sherbert, vanilla ice cream, junket
- cereal, puddings (part of 2 cup milk allowance)
- plain gelatin, angel cake, sponge cake and plain cookies
- coffee, tea, cocoa and carbonated beverage
- salt, sugar, small amount of spices as permitted by physician

Foods to be avoided:

- fibrous meats
- fresh fruits and vegetables
- fried foods
- coarse breads and cereals

ROUTINE AND THERAPUTIC DIETS

SOFT DIET Adequate	Foods Included: Foods To Avoid: Intervals of feeding:
REGULAR DIET	Foods Included:

ROUTINE AND THERAPUTIC DIETS

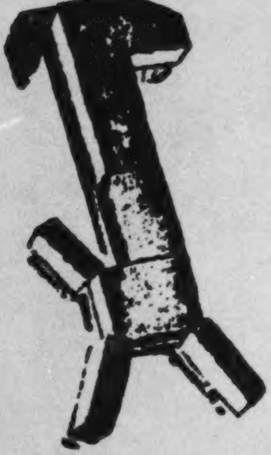
CLEAR FLUID DIET Not adequate. Do not use more than 24 to 48 hours	Foods Included: Occasionally Permitted: Intervals of Feeding:
FULL FLUID DIET Adequate. May be used over an extended period of time.	Foods Included: Intervals of Feeding:

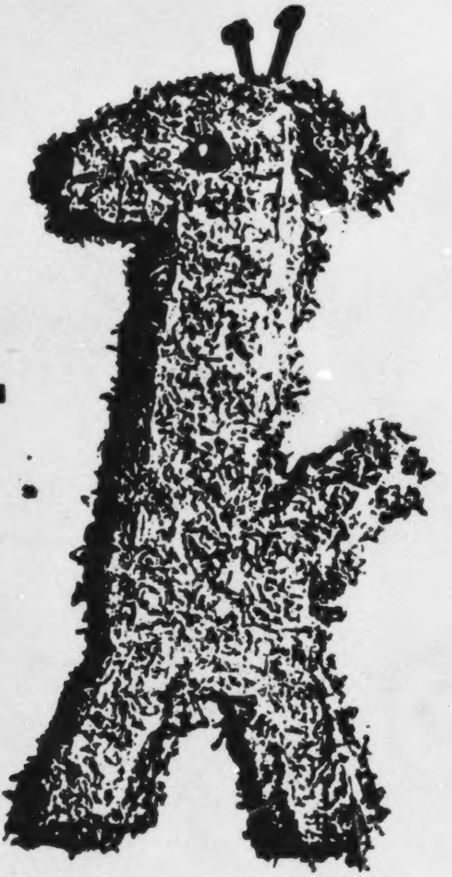
Group I 1st Year Group II 2nd Year Date:								
Hostess: Check all recipes for ingredients and assemble and put away all ingredients. Check all cupboards, drawers, and supply areas	1	2	3	4	5	6	7	8
Set Table. Put away dried silver and pans.	2	3	4	5	6	7	8	1
Fill in for anyone absent. Clear Table. Put away all dishes.	3	4	5	6	7	8	1	2
Fill in for anyone who is absent. Rinse and stack dishes - sweep area.	4	5	6	7	8	1	2	3
Do cost sheet. Dry dishes, wipe off cupboards - do sinks.	5	6	7	8	1	2	3	4
Do cost sheet. Dry dishes and collect cost sheets.	6	7	8	1	2	3	4	5
Captain: (1) Check aprons - Hair tied. (2) Collect lunch money. (3) Buy milk. (4) Check to see everyone has all recipes. All jobs completed.	7	8	1	2	3	4	5	6
Do cost sheet. Wash dishes - put away dish drainer, etc.	8	1	2	3	4	5	6	7

Each person does own utensils used in preparation.

Group I		Group II	
Meals:	Dessert:	Meals:	Dessert:

Have Fun with ANIMAL CUT-UP CAKES





It's always fun to learn to bake and decorate cakes, and we hope you'll use the cut-up cakes of this folder for many good times. The bakers of General Foods Kitchens enjoyed many laughs while creating these cakes.

Too, the cut-up cakes are easy to make, once you learn how. You need no special pans—just standard square, or oblong pans for the cakes of this folder. (Standard round pans are used for still other cut-up cakes.) When cool, the cakes are cut into pieces. Then, these are rearranged to form the basic shape of Jerry the Giraffe, see page 2, or the other delightful characters.

Next comes more fun . . . frosting the cake and deco ating with Baker's Angel Flake Coconut and all sorts o candies and other trim. After you've baked a cake o two, as directed in this folder, you may develop still more animal-shaped cakes, and likely change colors and trim to suit your whim.

Before you try any of the cakes, we suggest reading the directions completely. Notice the tips on page 2, for these will help you. Cut-up Cakes, like all handicrafts, need to be accomplished with true skill.

Here are the basic steps:

1. Decide which Cut-up Cake you wish to make and then select the right-sized pan—either a 9x9x2-inch square pan, a 13x9x2-inch rectangular pan for the cakes in this folder.

2. Next, bake the cake from any flavor of Swans Down Cake Mix, following the package directions. Or use a favorite cake recipe.

3. Cool cake completely to make it easy to cut.

4. Prepare frosting. A fluffy seven minute frosting is a good choice for Cut-up Cakes as it is easy to spread on cut-up pieces . . . and coconut clings to it so nicely. See page 4 for this and other good frosting suggestions.

5. Place cake on a breadboard or flat surface to cut. Have ready a large serving plate or tray, or cover a board with colored paper or foil.

6. Cut cake, following step-by-step directions for the Cut-up Cake you like best. (See next pages.) You'll need a sharp knife for this.

7. Arrange cake pieces on the plate or tray.

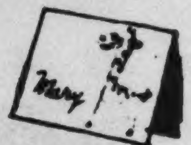
8. Frost with the fluffy frosting. (See Tips on Frosting, page 2.)

9. Decorate lavishly with snowy-white Baker's Angel Flake Coconut; then use tinted or toasted coconut and little candies for final touches.

A Parade of Party Cakes...

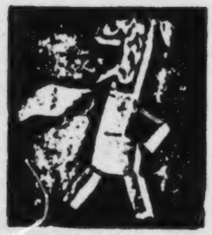
Here's JERRY the GIRAFFE

Easy to make and very delightful for a child's party — birthday or not!

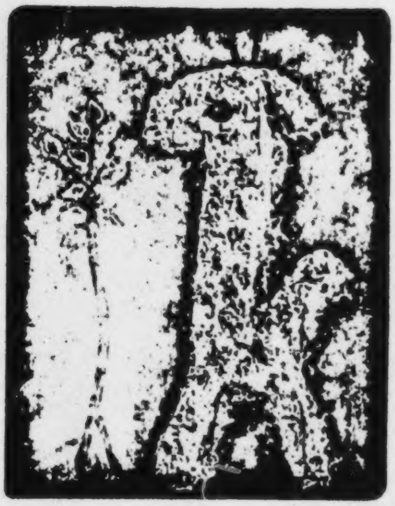


And little folks like place cards. For these, sketch Jerry in color.

1. Bake a 9-inch square cake. Cool. Cut off a 2½-inch strip and divide it in half. Divide one of these halves for legs. Cut a 3½ x6-inch rectangle from remaining large piece for body.



2. Cut a one-inch strip from the rectangle for his tail. Use a triangle cut from the L-shaped piece for the ear. Place pieces as shown, making neck extra long with two pieces of cake.



3. Cover cake with Sea Foam Frosting. Swirl toasted Baker's Angel Flake Coconut unevenly over Giraffe to make spots. For mouth, use a gumdrop strip—for his eye, a gumdrop. Make Jerry's tree from licorice and gumdrop leaves.

Tips on Cutting

To make your Coconut Cut-up Cake you need a ruler for measuring and a long sharp knife for cutting. Place the cake on a flat surface or breadboard. (Remember, cake is easiest to cut when completely cool.) Measure carefully, following cutting directions for cake you want to make. Sometimes it's handy to use toothpicks to mark your cutting points. Cut with a gentle sawing motion—do not press down. Carefully transfer cake pieces to serving plate, tray, or foil-covered cardboard, and arrange in Cut-up Cake shape.

Tips on Frosting

The success of your Cut-up Cake will depend a lot on the kind of frosting you choose. It should be soft and manageable and not the least bit "runny." You'll find that fluffy frosting, such as seven minute frosting, is easiest to spread on the cut-up pieces of cake. And feathery white Baker's Coconut looks especially lovely against the soft sheen of a white or tinted seven minute frosting.

An uncooked butter cream frosting is also suitable for Cut-up Cakes. For Perry, the Penguin, for example, you might very well use white and chocolate butter cream frosting.

Here are some pointers to help you frost:

1. To keep the cake tray clean while frosting, slip strips of waxed paper under the outer edges of the cake to cover and protect the tray all around.
2. Use a flexible spatula for spreading the frosting. Be sure that your frosting is right consistency for spreading. Brush off any loose crumbs from the cake before starting to frost.
3. If part of frosting is to be tinted, divide frosting. Then add a few drops of food coloring at a time and mix into frosting until evenly tinted and the color you wish.
4. Frost sides of cake first, spreading frosting from top edge of cake over sides. Then pile rest of frosting on top and spread lightly to edges. Swirl frosting carefully over any cut edges and over the joined edges of cake pieces.
5. Work quickly so that the frosting will not crust over before you finish. Let frosting set slightly; then draw out the waxed-paper pieces carefully from under cake.

Tips on Decorating

It's the easiest thing ever to decorate your Cut-up Cake with soft, snowy-white Baker's Coconut, right from the package. While the frosting is still soft, sprinkle coconut generously over the top of your cake. Then shake a little into the palm of your hand and gently pat against sides of cake so that the flakes of coconut cling to the frosting.

How to Tint or Toast

For special touches on your Coconut Cut-up Cake, it's fun to tint or toast Baker's Coconut. To tint, just dilute a few drops of food coloring in a teaspoon of water and sprinkle over coconut in a bowl. Toss with a fork until the coconut is tinted evenly throughout.

To toast coconut, spread out thinly on a shallow baking pan. Then place in moderate oven (350°F.) and toast 8 to 12 minutes, or until delicately browned. Stir coconut or shake pan often to toast evenly.

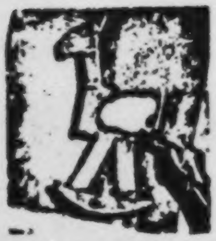
[illegible] Copyr. 1960. General Foods Corp. Ptd. in U.S.A.

The HOBBY HORSE is a cinch to make

Perfect fare for a Hobby Club Party—no matter what the hobby may be!

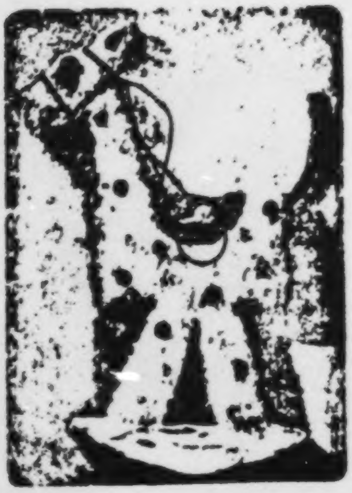
For attractive party favors, make small hobby horses, using colorful paper, foil, or "pipe-cleaners."

1. Bake a 13x9x2-inch cake. Cool. Cut on a curve across a long side to both corners. Now, cut a 1½-inch wide strip from opposite long side and divide into 3 sections.



2. Cut a small triangle for ear. Cut 2-inch strips from remaining cake for legs. Place pieces as shown, using large piece for body. Make a fluffy white frosting.

3. Add a square of melted chocolate to 1 cup frosting for saddle, ear. Spread remaining frosting over cake. Swirl on Baker's Angel Flake Coconut. Decorate with candies, gumdrops, licorice and silver dragées.

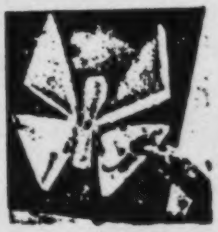


BUTTERFLY CAKE

Invite Mothers to see this ever-so-pretty centerpiece. Serve with hot chocolate, topped with marshmallows.

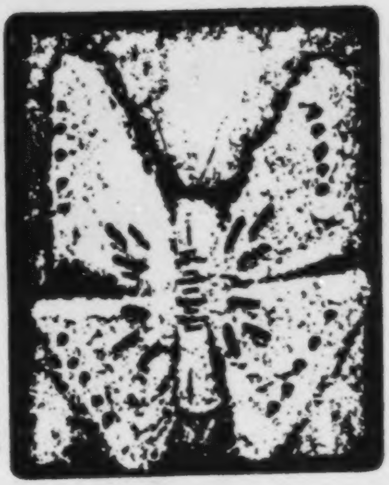
Outline a butterfly on top of each marshmallow. Do this with toothpick and food colors.

1. For this cake, you'll need a 13x9x2-inch cake, made from a mix or favorite recipe. Cool. Now cut off a one-inch strip from short side of the cake.



2. Cut diagonally across remaining cake to form four triangles for wings. Place pieces as shown. Tint seven minute frosting a pale yellow and spread on cake.

3. Tint Baker's Angel Flake Coconut yellow and drift over butterfly. Slice gumdrops, gumdrop strips and licorice to scatter over wings and body for markings. Strips of licorice make the curled antennas.

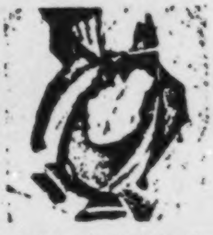


PERRY the PENGUIN

Let Perry meet the Dance Committee. Suggest him as a centerpiece for the refreshment table. Surround with cupcakes. Serve with fruit punch or ice cream.

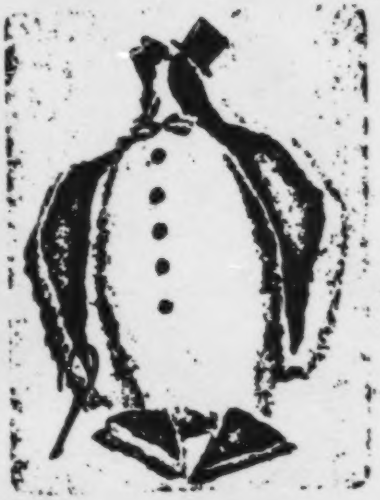
And sketch Perry on programs or the invitations.

1. Bake and cool a 13x9x 2-inch cake. From 2 opposite corners, measure 5½ inches along short sides and 9½ inches along long sides of cake. Cut through points on a curve as shown.



2. Cut off 2½-inch triangles from corners for feet. From 1 corner of remaining cake, measure 3 inches along both sides. Cut across on a curve through points to make head. Place pieces as shown.

3. Spread a fluffy white frosting over cake. Top wings, feet and part of head with Chocolate Glaze. Swirl snowy Baker's Angel Flake Coconut over chest and head. Use a silver dragée for eye, gumdrops for buttons and bill, licorice for cane.



153 lbs. ago Easter, -(2
Size 16 - if you [illegible]

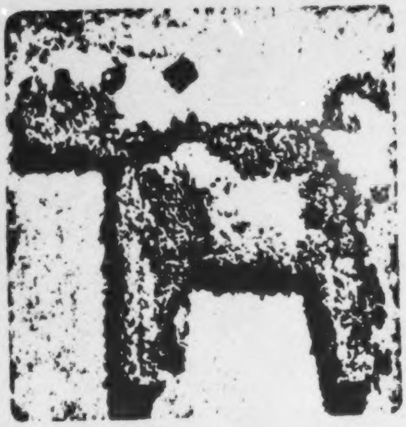
SPOT the FOX TERRIER

Spot's ideal for all ages.
Just right for a colorful picture.

1. Bake a 13x9x2-inch cake. Cool. Cut out a 10x 3-inch rectangle. Then cut off a 4-inch piece and divide remaining piece in half. Cut a narrow strip from L-shaped piece for tail.

2. Assemble pieces on tray as shown. Spread a fluffy seven minute frosting generously over cake. Pat toasted Baker's Angel Flake Coconut on part of head and back of dog for brown spots.

3. Now sprinkle on snowy white Baker's Angel Flake Coconut for Spot's coat. His eyes and nose are gumdrops, licorice makes his mouth and a sculptured cookie his ear. His collar is made from licorice, silver dragées and cut green gumdrops.



Helpful Frosting Recipes

Fluffy 7-Minute Frosting—Mix in top of a double boiler: 2 unbeaten egg whites, 1½ cups sugar, a dash of salt, ⅓ cup water, 2 teaspoons light corn syrup, and 1 teaspoon vanilla. Place over boiling water and beat (with an egg beater or at high speed of electric beater) 7 minutes or until the frosting stands in stiff peaks. Remove from hot water, add 1 teaspoon vanilla, and beat 1 minute, or until thick enough to spread on the cake.

Yield: This recipe makes about 5⅓ cups—enough to cover tops and sides of two 8-inch layers (very generously) or two 9-inch layers, or top and sides of a 10x10x2-inch square, or a 13x9x2-inch cake. For most cut-up cakes, you'll need this much.

For 2 cups of frosting, use 1 unbeaten egg white, ¾ cup sugar, dash of salt, 3 tablespoons water, 1 teaspoon light corn syrup, and ½ teaspoon vanilla. Follow directions above except, reduce the 7-minute-beating to 4 minutes.

Sea Foam Frosting—Follow the recipe for the fluffy white frosting above except: Use 1½ cups firmly packed brown sugar for the larger recipe (¾ cup for the smaller amount) and omit the corn syrup.

Vanilla Butter Cream Frosting—Sift 1 pound confectioners' sugar (about 4 cups). Cream ½ cup butter (or margarine). Add ⅛ teaspoon salt, and part of the sugar gradually blending after each addition. Then add 2 unbeaten egg yolks and 1 teaspoon vanilla. Blend well. Add remaining sugar alternately with 2 tablespoons milk (about), and beat after each addition until smooth.

Yield: This recipe makes 2½ cups, or enough frosting to cover tops and sides of two 8-inch layers (generously), two 9-inch round layers, two 9-inch square cakes, or a 13x9x2-inch cake.

Chocolate Butter Cream Frosting—Follow recipe for Vanilla Butter Cream Frosting except: Melt 3 or 4 squares Baker's Unsweetened Chocolate and add after the first addition of sugar. Also increase the milk to 4 tablespoons.

Chocolate Glaze—Melt 2 squares Baker's Unsweetened Chocolate with 2 teaspoons butter over hot water. Blend. Cool slightly and pour on cake from tip of teaspoon. This you'll need for Perry The Penguin.

Coconut Magic

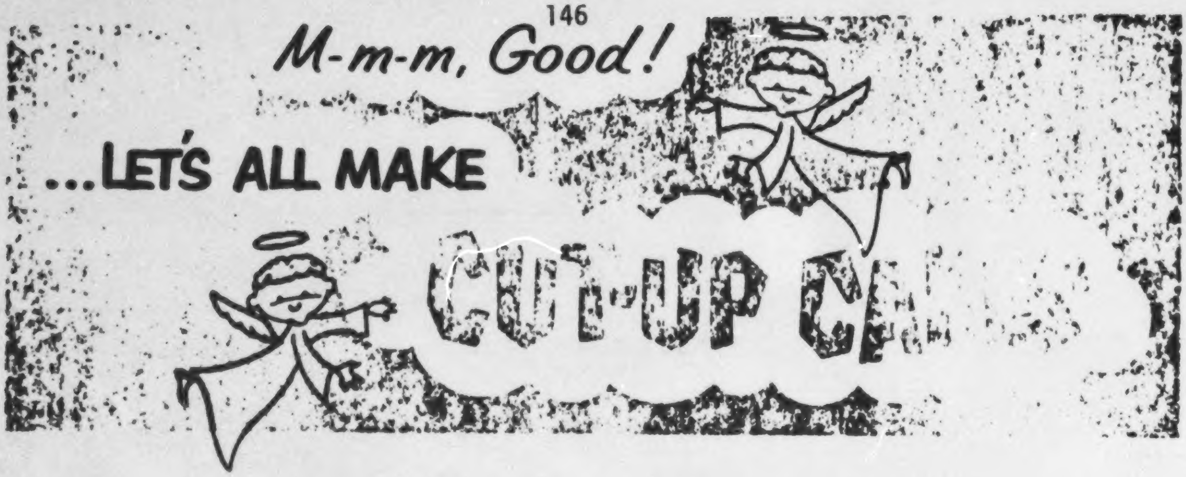
Sprinkle wonderful coconut over any freshly-frosted cake and you'll have a cake that looks and tastes twice as luscious. Sprinkle coconut on puddings and fruit, too, and roll ice cream balls in coconut for delicious sundaes.

Baker's brings you a fabulous fresh-tasting Coconut!

BAKER'S
Angel Flake
COCONUT
BAKER'S
Angel Flake
COCONUT

Angel Flake ...luscious coconut cut into tender-thin flakes with the sweet, moist flavor of fresh coconut sealed in by Baker's own process. Angel Flake comes in cans, cartons, and economy-size tray packages.

FROM THE
General Foods Kitchens, General Foods Corporation, 250 North Street, White Plains, N. Y.



Did you ever wish you could bake a bang-up surprise cake for the gang? Or an especially pretty birthday cake? Or maybe you'd like something different for a club bake sale?

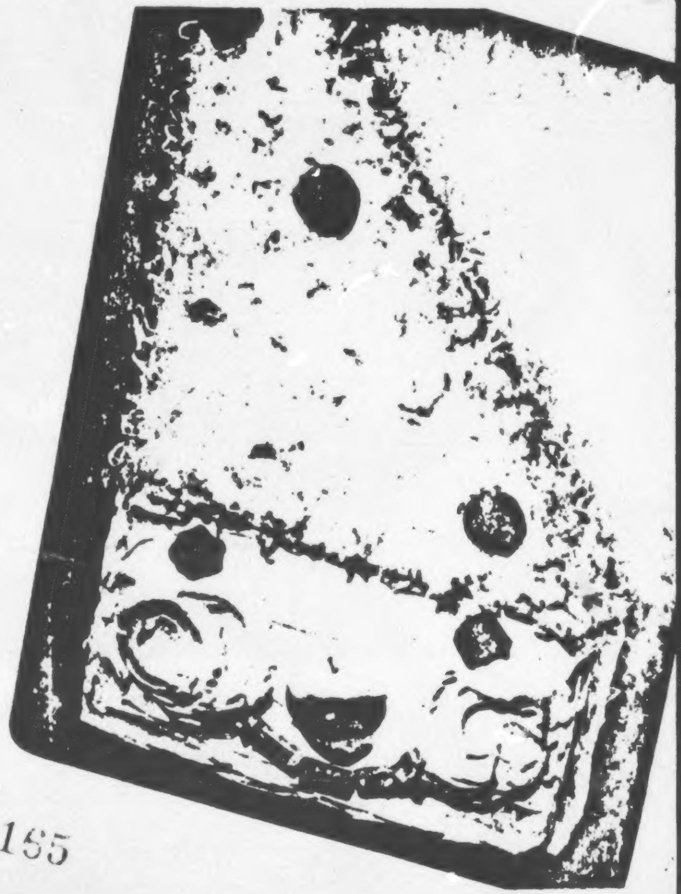
Well, here's a collection of really unusual cakes—some funny, some fancy—and all so easy to make. No special pans are needed for these cakes, for the trick is in the cutting and decorating. You just use standard-size cake pans—then cut the cooled cakes according to one of these easy cake plans. Rearrange the cake pieces, cover with fluffy frosting, and then decorate with Baker's Angel Flake Coconut and tiny candies.

It's easy to learn how to make a Coconut Cut-up Cake and once you know the basic steps, you'll get ideas for other clever Cut-ups fast as popcorn pops! Perhaps your club or class might even wish to have a project to see who can make the most unusual Coconut Cut-up Cake, or the funniest, or the prettiest. Prizes can be the cakes to eat—and of course, for each of you a new hobby. You'll find how easy it is, and how little work it takes to be clever with cakes.

HERE ARE THE BASIC STEPS:

1. Decide which Cut-up Cake you wish to make and then select the right-sized pan—either a 9x9x2-inch square pan, a 13x9x2-inch rectangular pan, or 8- or 9-inch round layer pans.
2. Bake the cake from any flavor of Instant Swans Down Cake Mix, following the package directions. Or use a favorite cake recipe.
3. Cool cake completely to make it easy to cut.
4. Prepare frosting. A fluffy seven minute frosting is a good choice for Cut-up Cakes as it is easy to spread on cut-up pieces . . . and coconut clings to it so nicely. The usual 2-egg white recipe makes the right amount.
5. Place cake on a breadboard or flat surface to cut. Have ready a large serving plate or tray, or cover a board with colored paper.
6. Cut cake, following step-by-step directions for the Cut-up Cake you like best. (See next pages.) You'll need a sharp knife for this.
7. Arrange cake pieces on the plate or tray.
8. Frost with the fluffy frosting. (See Tips on Frosting, page 3.)
9. Decorate lavishly with snowy-white Baker's Angel Flake Coconut; then use tinted or toasted coconut and little candies for final touches.

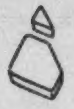
Here's Coco the Nutty Clown!
You can make him from one 9-inch square cake.
Turn to next page for directions.



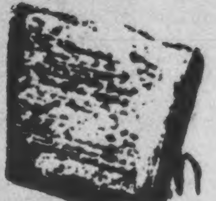
Start with a 9-INCH SQUARE CAKE to make these clever Cut-ups!

NUTTY CLOWN

(See cake on cover)



Just one cutting step!

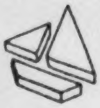


1. First find middle point of one side of cake. Then find the middle point of the side next to it. Cut diagonally from point to point.

2. Place the two cake pieces on a tray with small piece at the top to make peak of clown's hat. Tint ½ recipe of fluffy frosting a pretty pink and frost face—swirl on nice round cheeks. Then cover the clown's hat with rest of white frosting as shown here.

3. Sprinkle lots of Baker's Coconut over the hat. Add gumdrop pompoms and candy eyes, mouth, and nose—or use a crabapple for the nose.

SAILBOAT CAKE

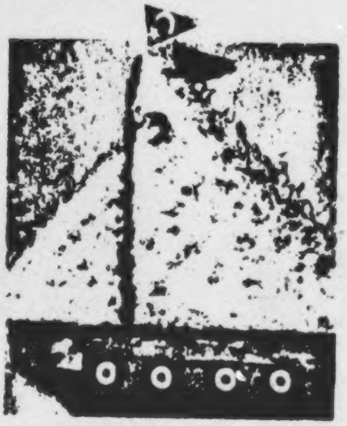


Only two cutting steps to make this boat

1. Cut cake in half to make two triangles. Use one for the large sail. From the other, cut off a strip 2¼ inches wide to make the boat's hull.

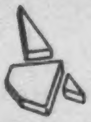
2. Arrange cake pieces as shown, on tray, using small triangle piece as the second sail. Spread white butter cream frosting over the sails.

3. Then frost the hull with chocolate butter cream frosting and put a line of chocolate between the sails for a mast. Make the sails look billowy with fluffy-white Baker's Coconut. Use candies for portholes and to decorate the boat.



See how easy it is to make Cut-ups. No special pans needed and the decorating is fun!

[illegible] WITCH



Two cutting steps here!

1. Measure 4½ inches down from corner and cut diagonally across to the opposite corner. Use large piece to make the face—other for hat.

2. Then find the shortest side of face piece—and measure up 2 inches from corner and 3½ inches along bottom edge. Cut off diagonally.

3. Use this cut-off wedge at side of face for a nose as shown, and put the hat on top. Tint ½ recipe of fluffy frosting pale orange to frost face and nose. Cover hair section with rest of white frosting. Use chocolate butter cream frosting for hat. Last, sprinkle on Baker's Coconut for scraggly witch-hair and put on a candy mouth and eye.

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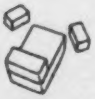
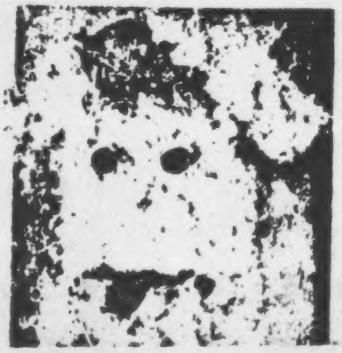


Three simple cuts give the pieces for a 3-dimensional Fido

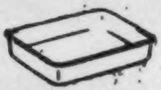
1. First cut a 3-inch strip from one side of cake. Place the remaining large piece on a tray to be the dog's head.

2. Then from cake strip cut off a 6-inch piece for the dog's muzzle. Cut rest of strip in half to use as ears and place by dog's head as shown above.

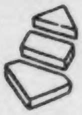
3. Frost top of the large cake first with fluffy white frosting. Then put on the muzzle piece and cover it and rest of head and the ears with frosting. Pat on snowy-soft fur of Baker's Coconut and add gumdrops for eyes, nose, and mouth.



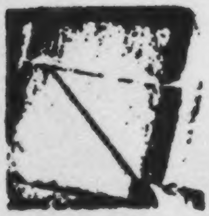
Use a 13 x 9 x 2-INCH RECTANGULAR CAKE for these...



DEAR SANTA



Three cake pieces turn into a Santa

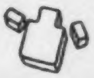


1. Cut a crosswise piece from one end of cake 4¾ inches wide for Santa's face. Then diagonally cut across remaining cake to make a triangle hat.

2. Measure as you cut so triangle is 7¼ inches on two sides. The other big piece will be for Santa's beard. Arrange the cake pieces as shown above.

3. Now tint ½ recipe of fluffy frosting pink and frost face and hat, leaving space between for a hatband. Swirl for round cheeks. Cover the beard and hatband with white frosting, make a white tassel on top; then sprinkle with fluffy Baker's Coconut. Add bushy coconut eyebrows, too, and candy features.

MR. SNOWMAN

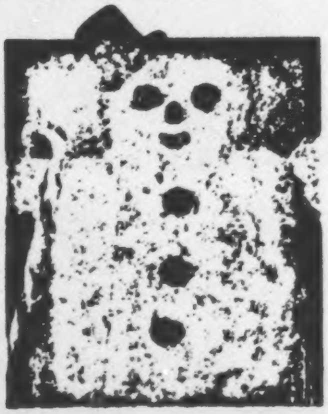


Just cut out two corners for arms

1. Cut out the corners at top of cake—measure down 3½ inches and in from sides 2½ inches. Place these arm pieces at sides of cake.

2. Cover the entire cake with fluffy white seven minute frosting. Swirl the frosting on Mr. Snowman's head to make it look rounder.

3. Now pat snowy-white Baker's Coconut over Mr. Snowman. Black gumdrops make good "chunks of coal" for eyes, nose, and buttons—and a red gumdrop can be cut into a smile. Give him a jaunty black paper top hat and a striped candy cane, if you like.



TIPS ON CUTTING

To make your Coconut Cut-up Cake you need a ruler for measuring and a long sharp knife for cutting. Place the cake on a flat surface or breadboard. (Remember, cake is easiest to cut when completely cool.) Measure carefully, following cutting directions for cake you want to make. Sometimes it's handy to use toothpicks to mark your cutting points. Cut with a gentle sawing motion — do not press down. Then carefully transfer cake pieces to serving plate or tray and arrange in Cut-up Cake shape.

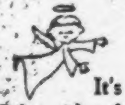
TIPS ON FROSTING

The success of your Cut-up Cake will depend a lot on the kind of frosting you choose. It should be soft and manageable and not the least bit "runny." You'll find that fluffy frosting, such as seven minute frosting, is easiest to spread on the cut-up pieces of cake. And feathery white Baker's Coconut looks especially lovely against the soft sheen of a white or tinted seven minute frosting.

An uncooked butter cream frosting is also suitable for Cut-up Cakes. The Sailboat cake, for example, is frosted attractively with white and chocolate butter cream frosting.

Here are some pointers to help you frost:

1. To keep the cake plate clean while frosting, slip strips of waxed paper under the outer edges of the cake to cover and protect the plate all around.
2. Use a flexible spatula for spreading the frosting. Be sure that your frosting is right consistency for spreading. Brush off any loose crumbs from the cake before starting to frost.
3. If part of frosting is to be tinted, divide frosting. Then add a few drops of food coloring at a time and mix into frosting until evenly tinted and the color you wish.
4. Frost sides of cake first, spreading frosting from top edge of cake over sides. Then pile rest of frosting on top and spread lightly to edges. Swirl frosting carefully over any cut edges and over the joined edges of cake pieces.
5. Work quickly so that the frosting will not crust over before you finish. Let frosting set slightly; then draw out the waxed paper pieces carefully from under cake.



TIPS ON DECORATING

It's the easiest thing ever to decorate your Cut-up Cake with soft, snowy-white Baker's Coconut, right from the package. While the frosting is still soft, sprinkle coconut generously over the top of your cake. Then shake a little into the palm of your hand and gently pat against sides of cake so that the flakes of coconut cling to the frosting.

HOW TO TINT OR TOAST

For special touches on your Coconut Cut-up Cake, it's fun to tint or toast Baker's Coconut. To tint, just dilute a few drops of food coloring in a teaspoon of water and sprinkle over coconut in a bowl. Toss with a fork until the coconut is tinted evenly throughout.

To toast coconut, spread out thinly on a shallow baking pan. Then place in moderate oven (350°F.) and toast 8 to 12 minutes, or until delicately browned. Stir coconut or shake pan often to toast evenly.

Make these cakes with
8-or 9-INCH
ROUND LAYERS

CUT-UP KIDS

This cake is easy to make. Just use one 8- or 9-inch layer; frost with fluffy white frosting. Swirl on a bit of pink frosting for cheeks. Use toasted Baker's Coconut for the hair. (Toast a little darker for a boy's hair.) Then use bright candies for face. Add hair ribbon bow (or a bow tie for a boy's face).

EVER-LOVIN' HEART

No heart-shaped pans needed—just cut out a cake wedge!

1. Spread the fluffy pink frosting between layers. Then cut a wedge from one side, about 3½ inches wide by 3 deep.

2. Put the cut-out cake wedge at opposite side of cake to make point of heart. Then frost.

3. Swirl the fluffy pink frosting over top and sides of cake, smoothing well over the joined edges. Make a center heart of red cinnamon candies and then sprinkle lacy white Baker's Coconut all over rest of top and sides.

Coconut Cake Magic

Presto! Change-O! . . . and it's as simple as that when you sprinkle Baker's Coconut over a newly frosted cake. The snowy flakes actually transform the fluffy frosting with their special touch . . . making any cake look *twice* as lovely and *twice* as good! Coconut is a super-luscious combination with a rich chocolate cake. And for extra coconut flavor try adding ½ cup coconut to instant devil's food cake mix batter just before you pour it into the pans.

OTHER DELIGHTFUL USES

Now that you've made a Cut-up Cake, you know there's no quicker or prettier way to decorate cakes than with feathery Baker's Coconut. How else could you make a Santa's beard look so fluffy-soft, or a Valentine so lacy-white? But there are many other delightful uses for coconut — here are just a few suggestions. You'll think of more!

• **SPRINKLE COCONUT ON** – Snowy white, tinted, or toasted Baker's Coconut is an easy glamour touch sprinkled over fruit cup, pudding, ice cream, or the whipped cream topping of a pie. And for a breakfast treat, try sprinkling a little coconut on ready-to-eat cereal, or over waffle batter just before baking each waffle.

• **MIX COCONUT IN** – Like any nuts, mix Baker's Coconut into brownies, chocolate drops, or other favorite cookies. Just substitute ¾ cup coconut for ½ cup nuts; then sprinkle a little on top of each cooky for a pretty finish. Try coconut mixed into puddings, pies, ice cream, and candies, too, for extra-special flavor and texture variation.

• **ROLL IN COCONUT** – Pineapple wedges and banana slices rolled in plain or toasted Baker's Coconut are a delicious salad ingredient. And for a dessert that's sure to please, make Coconut Ball Sundaes. First, pour chocolate or fruit sauce into sherbet glasses. Then scoop ice cream into balls and roll in coconut. Place balls in sherbet glasses and serve.

BAKER'S BRINGS YOU A FABULOUS NEW FORM OF COCONUT!

BAKER'S
Angel Flake
COCONUT
BAKER'S
COCONUT

Angel Flake . . . luscious coconut cut into tender-thin flakes with the sweet, moist flavor of fresh coconut sealed in by Baker's own process. Angel Flake comes in cans, cartons, and economy-size tray packages.

Remember, too, the old favorites. . . . Baker's Premium Shred, available in cartons and economy-size bags; and Baker's Southern Style Coconut, available in cans. You can always count on Baker's to be fresh, tender, and deliciously moist.

FROM

GENERAL FOODS KITCHENS, General Foods Corporation, 250 North Street, White Plains, N.Y.

MAKING YOUR OWN FIRST AID KIT

You will need:

- coffee can with lid
- contact paper
- scissors
- marker
- piece of paper

FIRST AID SUPPLIES

- bandaids
- bandages
- tongue depressers
- adhesive tape
- ace bandage
- first aid cream
- triangler bandage (sling)
- pins

FIRST AID TEST

Home, Health Aides

1. Define first aid.

2. Define asphyxiation.

3. Define suffocation.

4. How long can a victim be without oxygen before brain damage occurs?

5. Describe the difference between venous and arterial bleeding.

6. Define hemorrhage.

7. Define pressure points and give two examples.

8. Define shock.

9. List the signs and symptoms of shock.

FIRST AID TEST (Continued)

10. List five first aid procedures to reduce the seriousness of or prevent shock.

11. Define a wound.

12. Define infection and list four symptoms of infection.

13. State the difference between an antiseptic and a disinfectant.

14. List five examples of an antiseptic.

15. Name five precautions to take when caring for a wound.

16. List three sources of poisoning

17. Describe three basic first aid procedures in caring for a victim of poisoning.

FIRST AID TEST (Continued)

18. List three symptoms of severe poisoning.

19. List four items of information which should be given when obtaining medical aid.

20. Define sterile and state why it is necessary for a dressing to be sterile.

ASSIGNMENT SHEET I

OBJECTIVE: THE STUDENT WILL DEMONSTRATE KNOWLEDGE BY LISTING AND DEMONSTRATING SKILL IN THE MAKING OF THE UNOCCUPIED BED.

ASSIGNMENT:

1. Study pages 27-39 in the textbook for nursing assistants.
2. List equipment needed.
3. Describe procedure step by step.

CRITEQUE SHEET FOR ASSIGNMENT NUMBER I

MAKING AN UNOCCUPIED BED

1. Supplies and equipment assembled beforehand.
2. Lock the wheels of the bed before starting.
3. Bed stripped and properly cared for.
4. Mattress turned.
5. Mattress protector if any, correctly placed.
6. Bottom sheet tight and smooth.
7. Corners of bottom sheet correctly mitered.
8. Upper sheet, blanket, spread correctly placed.
9. Corners of upper covers correctly mitered.
10. Pillows fluffed and cases put on correctly.
11. Bed opened for the patient in the approved manner.
12. Bed smooth with bedding hanging evenly on both sides of the bed.
13. No unnecessary steps taken.
14. Unit left completely in order.

The student will correctly and efficiently perform the procedure of making an unoccupied bed in the steps outlined in the textbook for nursing assistants. This is done to provide comfort and safety for the patient. The student will learn to eliminate all unnecessary steps so that she will efficiently perform the task in a period of three minutes time. The bedding will be taut and wrinkle free to assure the comfort of the patient and to prevent pressure sores.

REMINDER: Wash hands before all procedures and tell patient what you are going to do.

ASSIGNMENT SHEET 2

OBJECTIVE: THE STUDENT WILL NAME AND IDENTIFY THE THREE TYPES OF CLINICAL THERMOMETERS AND THEIR USES. THE STUDENT WILL LEARN TO READ A THERMOMETER AND DEMONSTRATE SKILL IN USING EACH CLINICAL THERMOMETER.

ASSIGNMENT:

1. Study pages 167-175 in the textbook for nursing assistants.
2. List equipment needed.
3. Demonstrate step by step the procedure for using each clinical thermometer.

CRITEQUE SHEET FOR ASSIGNMENT NUMBER 2

TAKING THE PATIENTS TEMPERATURE

1. Supplies and equipment on hand.
2. Is patient at rest in a comfortable position or chair?
3. Is student holding thermometer by the stem end and not the bulb.
4. Did student read and shake down thermometer before using.
5. Was thermometer inserted under patients tongue for the proper three minutes.
6. After removing from mouth was the thermometer wiped off from stem end to bulb.
7. Check thermometer after student for proper reading.
8. Thermometer properly cleaned and replaced.
9. Recorded correctly on graphic sheet of patients chart.
10. Be aware of reporting any unusual variation in reading immediately to nurse in charge.
11. In taking a temperature rectally did the student use a lubricant.
12. Rectal thermometer remains inserted for two minutes.
13. An (R) was recorded on temperature chart to indicate rectally.
14. In taking an axillary or groin temperature the thermometer is left in place ten minutes.
15. The patients arm is kept close to his body if taken axillary.
16. Thermometer must be in the foll against the body if groin site is used.
17. In recording axillary temperature, place (AX) after the degree.
18. In recording a groin temperature, use (GR) after the degree.

REMINDER: For all procedures you wash your hands and tell the patient what you are going to do.

ASSIGNMENT SHEET 3

OBJECTIVE: THE STUDENT WILL DEFINE WHAT A PULSE IS AND LOCATE THE PULSE AREAS. SHE WILL DEMONSTRATE HER ABILITY TO TAKE AND RECORD A PATIENTS PULSE AND RESPIRATION. KEEN OBSERVATIONS OF THE CHARACTERISTICS OF THE PULSE AND RESPIRATION IS A NECESSITY.

ASSIGNMENT:

1. Study pages 176-185 in the textbook of nursing assistants.
2. List the equipment needed for taking the patients pulse.
3. List the equipment needed for taking the patients respirations.
4. Demonstrate the procedure step by step for taking a patients pulse. Describe here.
5. Demonstrate the procedure step by step for taking a patients respirations. Describe here.

CRITEQUE SHEET FOR ASSIGNMENT NUMBER 3

TAKING A PATIENTS PULSE AND RESPIRATION

1. Is the patient in a comfortable position.
2. Did the student have difficulty in locating the pulse.
3. Did the student use their thumb in locating the pulse.
4. Was the pulse counted for the proper length of time, one minute.
5. Did the student record the pulse on the graphic sheet of the patients chart.
6. What observations did the student have on the characteristic of said pulse.
7. Was the patients respirations counted for one minute.
8. Did the student record the time, rate, depth, and regularity of respirations.
9. Was the student aware of the normal pulse and respiration rates.
10. Locate pulses in other areas of the body.

REMEMBER: Wash your hands and tell the patient what you are going to do.

ASSIGNMENT SHEET 4

OBJECTIVE: THE STUDENT WILL PROPERLY LEARN TO TAKE A PATIENTS BLOOD PRESSURE USING THE SPHYGMOMANOMETER AND STETHOSCOPE. SHE WILL IDENTIFY THE SOUND OF THE PULSE WITH THE STETHOSCOPE AND RECOGNIZE THE BEGINNING AND END OF THE SOUND ON THE SPHYGMOMANOMETER GAUGE. SHE WILL BE CHECKED BY THE INSTRUCTOR AND MUST HAVE A CORRECT READING AT LEAST FIVE TIMES OUT OF SIX. SHE WILL CORRECTLY RECORD HER FINDINGS ON THE PATIENTS CHART.

ASSIGNMENT:

1. Study pages 186-193 in the textbook for nursing assistants.
2. List the equipment needed.
3. Demonstrate and describe step by step the procedure for taking a patients blood pressure.

CRITEQUE SHEET FOR ASSIGNMENT NUMBER 4

TAKING A PATIENTS BLOOD PRESSURE

1. Supplies and equipment on hand.
2. Is patients arm supported on bed or table with the palm upward.
3. Is sleeve of hospital attire five inches above elbow.
4. Is the cuff directly over the brachial artery.
5. Was the stethoscope placed directly over the brachial artery.
6. Was the valve closed on the hand pump.
7. Did the student release the valve too quickly.
8. Did they record the first sound heard as the systolic pressure.
9. Did they record the last sound heard as the diastolic pressure.
10. Were the earpieces of the stethoscope cleaned with an antiseptic solution.
11. Was the time and the blood pressure properly recorded on the graphic sheet. of the patients chart.
12. Was the student aware of the normal range of a patients blood pressure.

REMINDER: Wash hands before procedure and tell patient what you are going to do.

Code Inf - 3

INFORMATION SHEET

Title: Check list for signs of illness

Objective: The student will develop his powers of observation by looking for these specific signs of illness, knowing them and reporting them.

Reference: "Home Nursing Handbook," Fleming and Benson

Information: Observe these areas for these symptons:

Face: Pale, flushed, puffiness around eyes, facial expression drawn and unhappy.

Skin: Hot, dry, cold, clammy, red spots on skin, rash, skin peeling, open sores on skin.

Eyes: Watering, eyelids heavy, eyes bright, whites bloodshot, yellow, eyes sensitive to light, spots before eyes.

Nose: Bleeding, thick yellowish discharge, clear, watery discharge, difficulty in breathing.

Mouth & Throat: Mouth and lips dry, red spots, sore throat, tongue coated, tonsils swollen and red. Coughing and sneezing: How often coughs and sneezes? What seems to increase coughing? What seems to increase sneezing? Coughing painful, irritating, cough deep in throat? Pain, where, most severe? Pain relieved by changing position, pain slight, severe, dull, sharp, stabbing, throbbing, cramping, continuous, recurring?

General Symptoms: Check temperature, pulse and respiration, nausea, faintness, dizziness, diarrhea or constipation, loss of appetite, unusual hunger or thirst, unusual weight loss or gain. Patient unusually tired or listless? Bleeding? Where? How much? Any unusual discharge from a body opening? Where? How much? What was its appearance? Any lumps or growths? Where, what, size when noticed.

BABY BATH PROCEDURE

Equipment:

Basin	Soap	
Cotton balls	Powder	WATER TEMP. 100° F
Towels	Lotion	
Wash cloth	Clothing	

Procedure:

1. Check all equipment and undress baby down to shirt and diaper.
2. Wash hands.
3. Lift the baby from the crib, support his back and head.
4. Clean the baby's nostrils with cotton.
5. Test temperature of water.
6. Wash the baby's eyes from the nose toward the ear. Wash face without soap.
7. Dry face and remove baby's shirt and diaper.
8. Wash baby's neck--wash only the outer part of his and behind it. Rinse and dry.
9. Soap and wash head, use hand and washcloth.
10. Wash chest and arms, soap entire body.
11. Using the body arm hold, pick up baby slowly, slide him feet first, lean him forward against the wrist - then rinse and soap his back, rinse off soap thoroughly.
12. Wash baby's gentials - using cotton moistened with water or oil - clean downward.
13. Rinse, remove from the tub, dry between fingers and toes.
14. Use powder and lotion
15. Dress the baby.
16. Clean the bath area.

INFORMATION SHEET

Title: When to call a doctor?

Objective: The student will be able to determine what symptoms call for the attention of a doctor.

Reference: Guidelines set up by the American Medical Association published in the Pottsville Republican Newspaper.

Information: Call the doctor at once:

1. When the child's symptoms, complaint, pain seem too severe for endurance.
2. When an apparently minor symptom persists for more than a few days and does not seem the result of some easily identifiable cause.
3. When the symptom returns repeatedly for no apparent reason.
4. When in doubt, call the doctor. Don't take chances.
5. In case of accident, seek immediate medical care in the following instances:
    a. When the victim is unconscious.
    b. When bleeding is severe or can't be controlled.
    c. When the victim is groggy or confused.
    d. When there are any of the signs of shock - pale, cold skin or sweating and weak pulse.
    e. When there are signs of broken bones.
    f. When pain is severe.
    g. When serious or extensive burns have occurred.
    h. When persistent, severe vomiting is present.
    i. When vision is suddenly lost or blurred.

If you can't reach the doctor quickly, go directly to the Emergency Room of the nearest hospital. Decide now where you would go in an emergency and what route you would take.

MECHANICAL LIFT

One nursing assistant can get the heaviest patient out of bed with the use of a mechanical lift. The mechanical lift looks something like a swing in a frame. The patient is rolled onto his side, the seat of the swing is placed under the patient at the level of his thighs (from the back of the knee two thirds of the way up the thigh), and the back of the swing is placed under the patient at the level of his shoulders. The patient is rolled over onto his other side, and the seat and back supports are pulled through under the patient in much the same way as a sheet is put under a patient. Now the patient's bed is cranked up a few times, and the seat and back supports are attached to the frame of the mechanical lift. Then the head of the bed is raised completely, thus sitting the patient upright. Check the release valve on the mechanical lift to be sure it is closed. Manipulate the pump handle to raise the patient in the seat clear of the bed, thereby making it unnecessary to lift up the patient's head and shoulders as the mechanical lift frame raises the patient clear of the bed.

When the patient clears the bed, lift his feet over the side of the bed and back the mechanical lift away from the bed. Then manipulate the lever on the left to spread its supports so that you can bring a wheelchair between them and into position under the patient. Ease the release valve open gently (about one sixth of a turn), and guide the descent of the patient in the swing so that he is lowered into the wheelchair. Unlock the seat and back supports from the lift frame and leave then in position under the patient.

CAUTION: This is a hydraulic jack, and the rate of descent is determined by the weight of the patient. Therefore the heavier the patient, the greater the need for care in manipulating the release valve.

The lift can also be used to lower the patient into the bathtub or to lift him out of it.

VOCABULARY

Amputee Hemiplegia paraplegia dangle ambulatory

QUESTIONS

1. What is a mechanical lift?
2. What is meant by absolute bed rest? Why may it be dangerous for the patient?
3. Why may it be necessary for a patient to be placed on absolute bed rest?
4. When a patient is permitted out of bed can you assume that he is able to take over his own care? Explain.
5. Can decubitus ulcers occur from sitting in a wheelchair? If so, how can they be prevented?
6. How long should a patient be permitted to sit up in a chair?
7. Why would a patient on absolute bed rest be permitted the use of a bedside commode?
8. What does B.R.P. mean?

SAFETY MEASURES FOR THE HEALTH-AIDE SHOP

1. Unused equipment, footstools, turned out wheels and cranks and linen dragging on the floor can cause serious injury. Wheels of the bed and crank handles should be turned inward to prevent injuries.
2. When helping the student patient out of bed place one of your feet firmly on a footstool to keep it from slipping.
3. When finished push footstool under the bed out of line of traffic.
4. The bed should be in the lowest position when student patient is getting out of the bed because they often misjudge the distance from the bed to the floor and fall.
5. When working on student patients the side rails must be securely attached and raised.
6. Report any needed repairs of equipment promptly.
7. Cleanliness and order cannot be overstressed.
8. Wheels of equipment should be well oiled to prevent squeeking.
9. Reckless use of wheelchairs or stretchers will not be tolerated.
10. Remember the basic rules for proper body mechanics when lifting or turning student patients. If you feel the object is too heavy to move by yourself "don't take chances."
11. Remember all precautionary measures mentioned in your lesson. Hot and cold applications. Carelessness will result in a person being injured such as being burned.
12. Be careful when taking temperatures the person doesn't bite on the thermometer.
13. Report all safety violations to the instructor.

SAMPLE CLINICAL AGREEMENT

Hospital or Nursing Home

School District
Address of District

AGREEMENT OF AFFILIATION WITH ______________________________

The Schuylkill County Area Vocational Technical School has a Home Health Assistant Program which requires clinical experience in __________. ____________________ has agreed to provide this clinical experience, therefore, the program now referred to as the affiliating institution and the school district enter into the following agreement:

The agreement will apply to the ____ school term and will be reviewed by both parties before an agreement is entered into for another year.

The school will arrange for __ number of students to affiliate at ________________ for a period of _ days each. The specific days will be agreed upon by a designee of each party and each party will keep a copy of the schedule.

The student and the instructor will carry liability insurance and the student will carry school health and accident insurance or bring a signed statement indicating the parent has a policy which covers this.

The school recognizes that the affiliating agency has a service responsibility to the child, therefore, if the student jeopardizes this in any way the affiliating institution has the right to ask that the student be removed from the clinical experience.

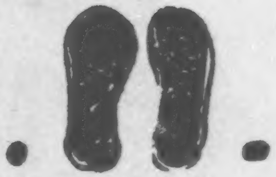
Before the student begins clinical experience he or she will fulfill physical requirements deemed necessary by agreement of both parties and must be recommended by the program instructor.

The students will be under the direct supervision of the clinical instructor and will have received classroom instruction before he or she may perform patient care. The clinical instructor will make assignments and with the help of professional staff from the institution will evaluate the students' performance.

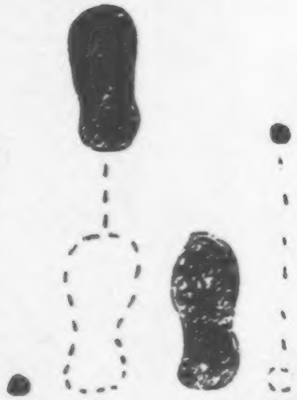
Signature of

Signature of Vocational Director

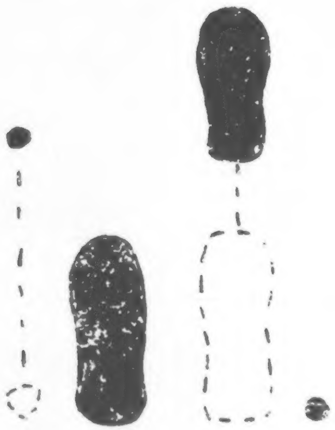
TWO-POINT GAIT:



Stand Still



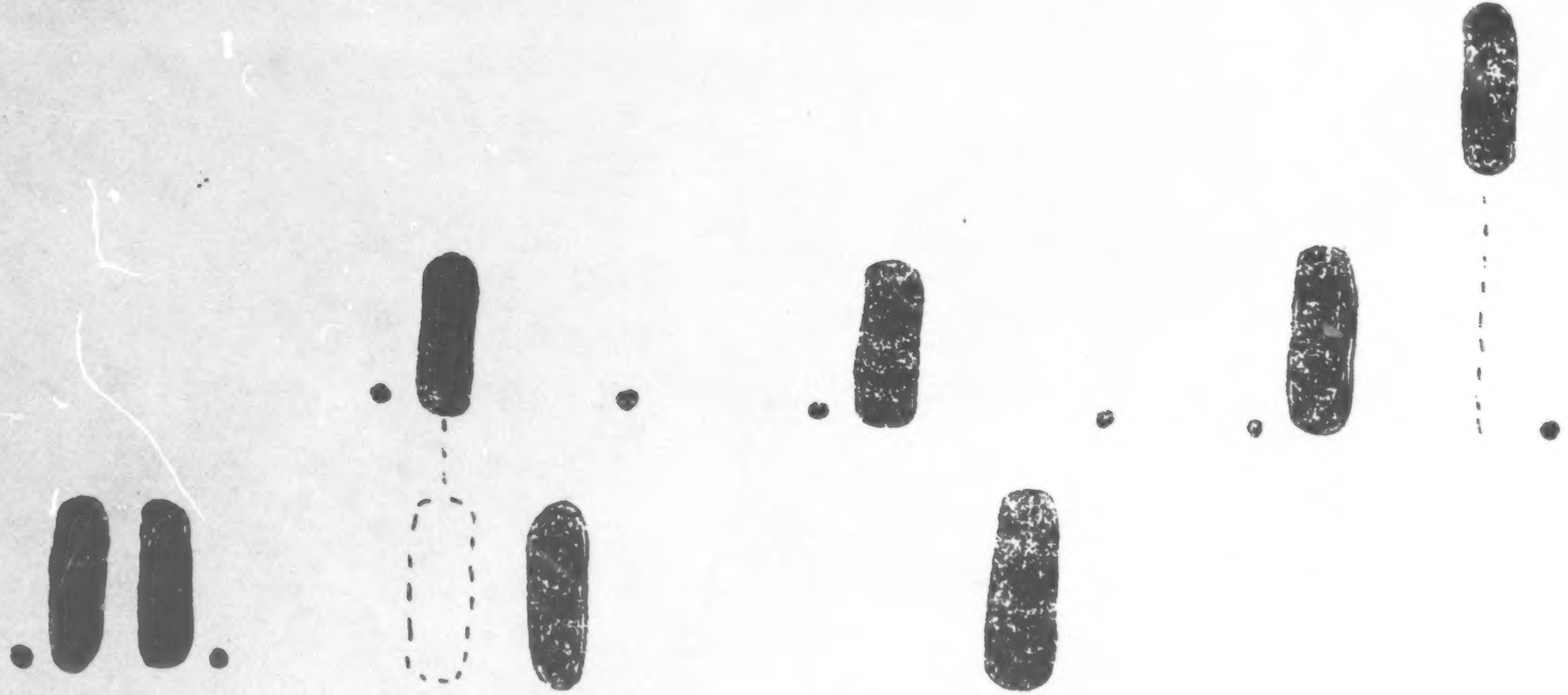
Advance left foot and opposite crutch.



Then advance right foot and opposite crutch.

The patient puts his weight on one leg and the opposite crutch, brings the other crutch and leg forward together, and shifts his weight to them; then he brings the other leg and crutch forward.

THREE-POINT GAIT:



Stand Still

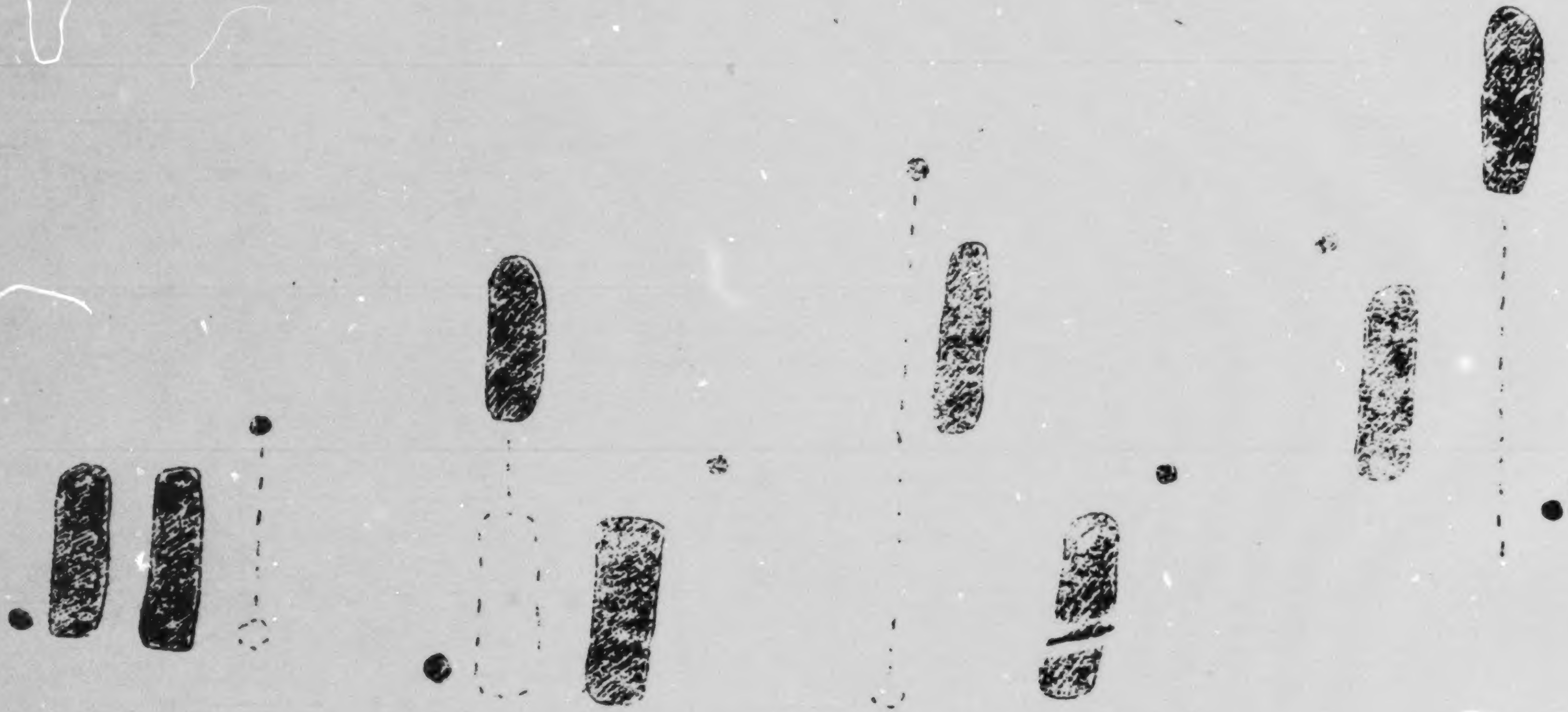
Advance both crutches and weak foot.

Balance weight on both crutches.

Then advance good foot.

Both crutches and one foot advanced at the same time: The weak leg and both crutches are advanced together, the weight is balanced on them, and the good leg is advanced.

FOUR-POINT GAIT:



Right crutch forward.

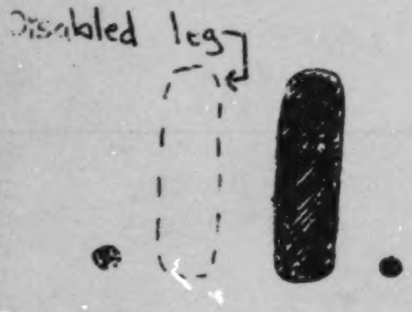
Advance left foot.

Left crutch forward.

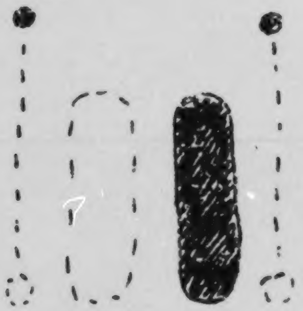
Advance right foot.

One crutch is placed forward, and the opposite foot is advanced; the second crutch is brought forward, and the opposite foot follows.

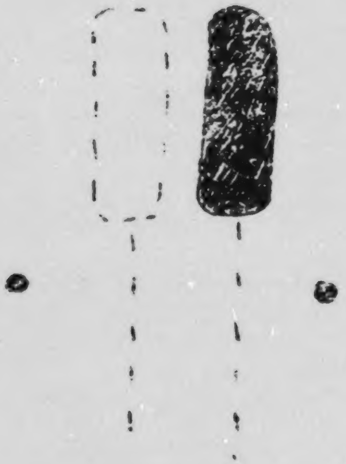
SWING OR TRIPOD GAIT:



Stand Still.



Put both crutches same distance in advance with weight on good leg.



Then swing forward with weight on good leg again.

The patient stands on his good leg, put both of his crutches the same distance in advance, rests his weight on the palms of his hands and swings himself forward slightly ahead of his crutches; he rests his weight again on his good leg and gets his balance for another step.

TEST IN PREFIXES HOME, HEALTH AIDES

MATCH THE CORRECT DEFINITION FOR THE PREFIX

A

ANTE

ANTI

CONTRA

DYS

ERYTHRO

HYPER

HYPO

POLY

PSEUDO

ALGIA

ASIS OR OSIS

CELE

CYTE

ECTOMY

EMIA

ITIS

OMA

OSTOMY

OTOMY

ADEN

BIO

CARDI

CRANI

CYT

HYSTER

NEO

PATH

PRETAINING TO A GLAND

ABOVE, EXCESS OF

PAIN

PRETAINING TO THE SKULL

PRETAINING TO THE UTERUS

MANY

FALSE

LUNG

CELL

AGAINST, OPPOSED

BEFORE

FROM, WITHOUT

STATE, CONDITION OR PROCESS

RED

UNDER, DEFICIENCY OF

PAIN OR DIFFICULTY

AGAINST, COUNTERACTING

BLOOD

TUMOR OR SWELLING

INFLAMMATION

CREATION OF AN OPENING

CUTTING INTO

NEW

DISEASE

POISON

PRETAINING TO THE HEART

PRETAINING TO LIFE

EXCISION, SURGICAL REMOVAL

PNEUM TUMOR TOX PRETAINING TO A CELL

NAME, HEALTH AIDES VOCABULARY WORDS

Write in the proper word for the following abbreviations from Column B

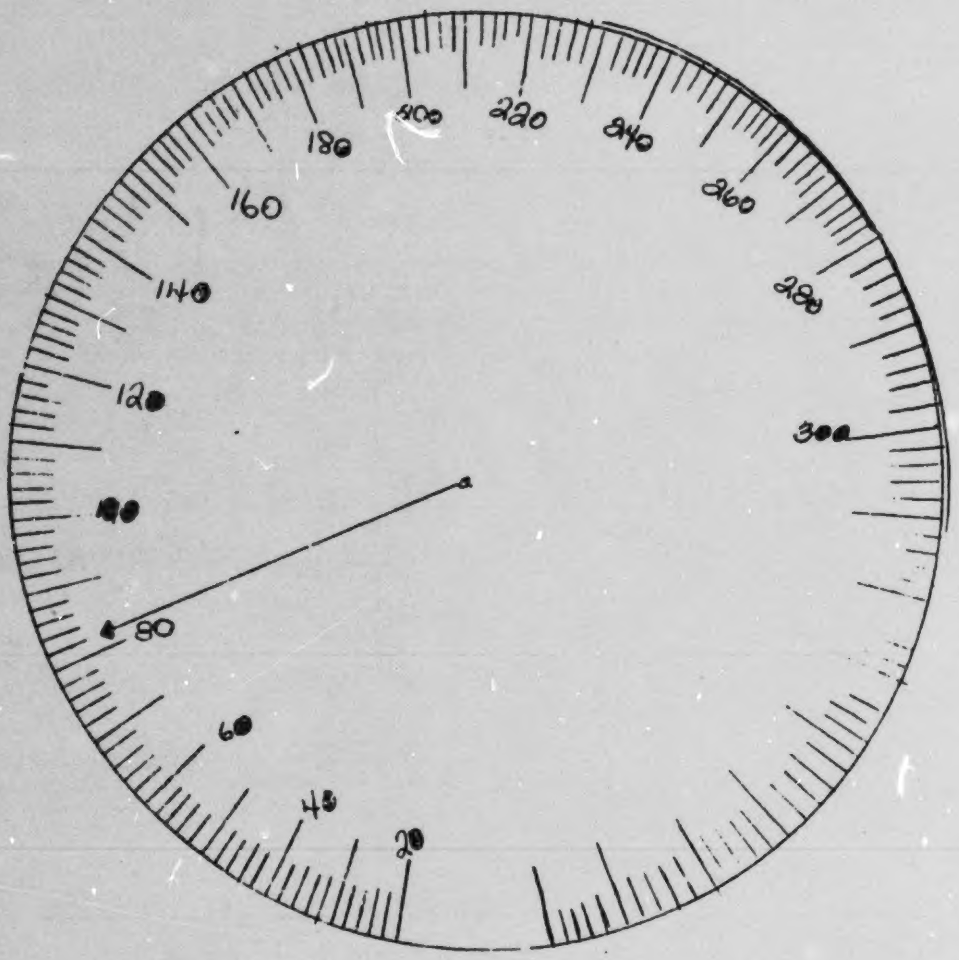
COLUMN A

A.C. ________
P.C. ________
A.M. ________
P.M. ________
B.I.D. ________
T.I.D. ________
Q.I.D. ________
Q 2 HOURS ________
H.S. ________
HR. ________
O.R. ________
B.R. ________
LAB. ________
O.P.D. ________
O.B. ________
E.E.N.T. ________
G.U. ________
G.I. ________
E.R. ________
C.S. ________
P.R.N. ________
STAT ________
AD. LIB. ________
D.C. ________
SPSC. ________
NOCT. ________
O_2 ________
TINCT. ________

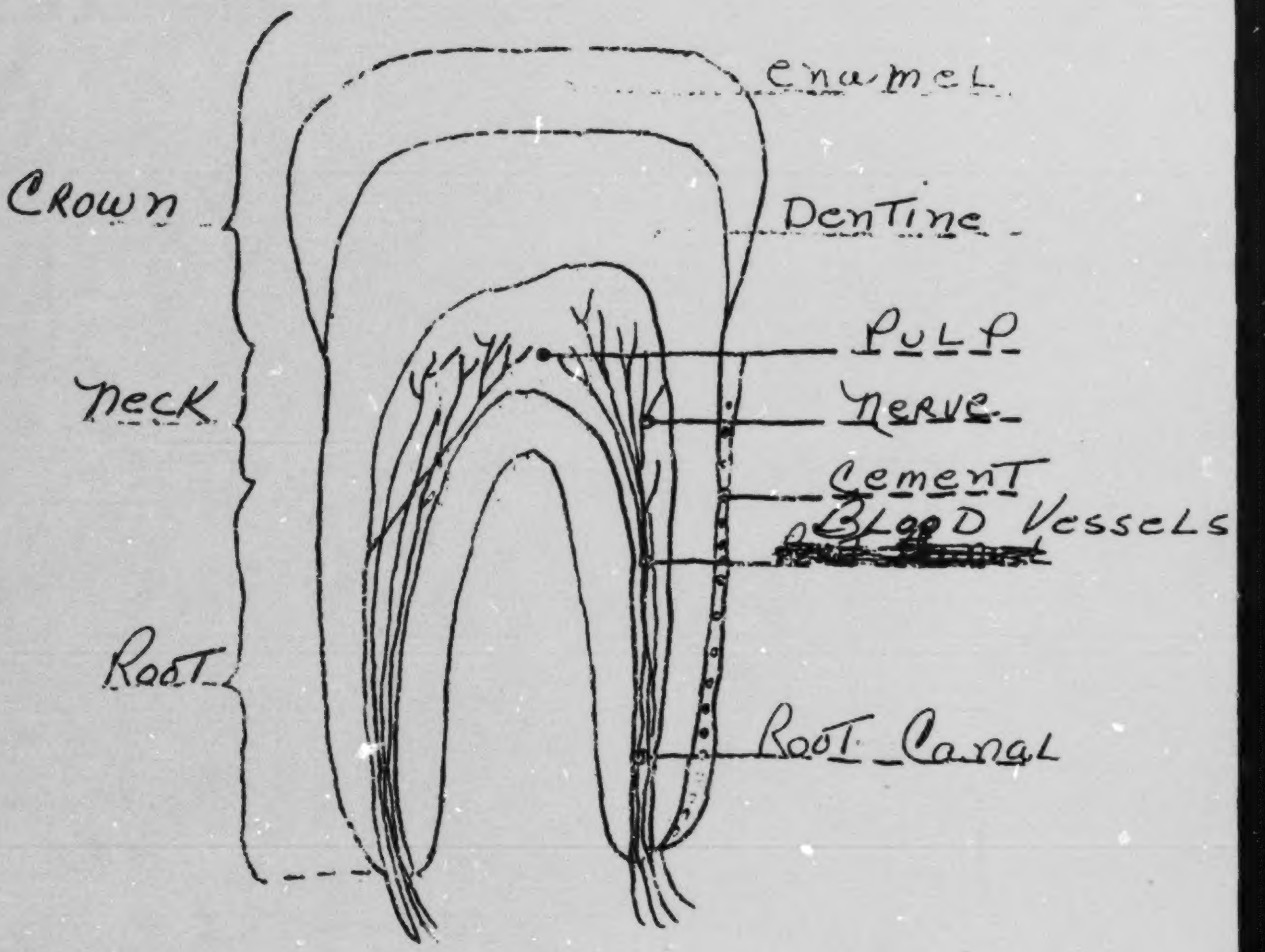
COLUMN B

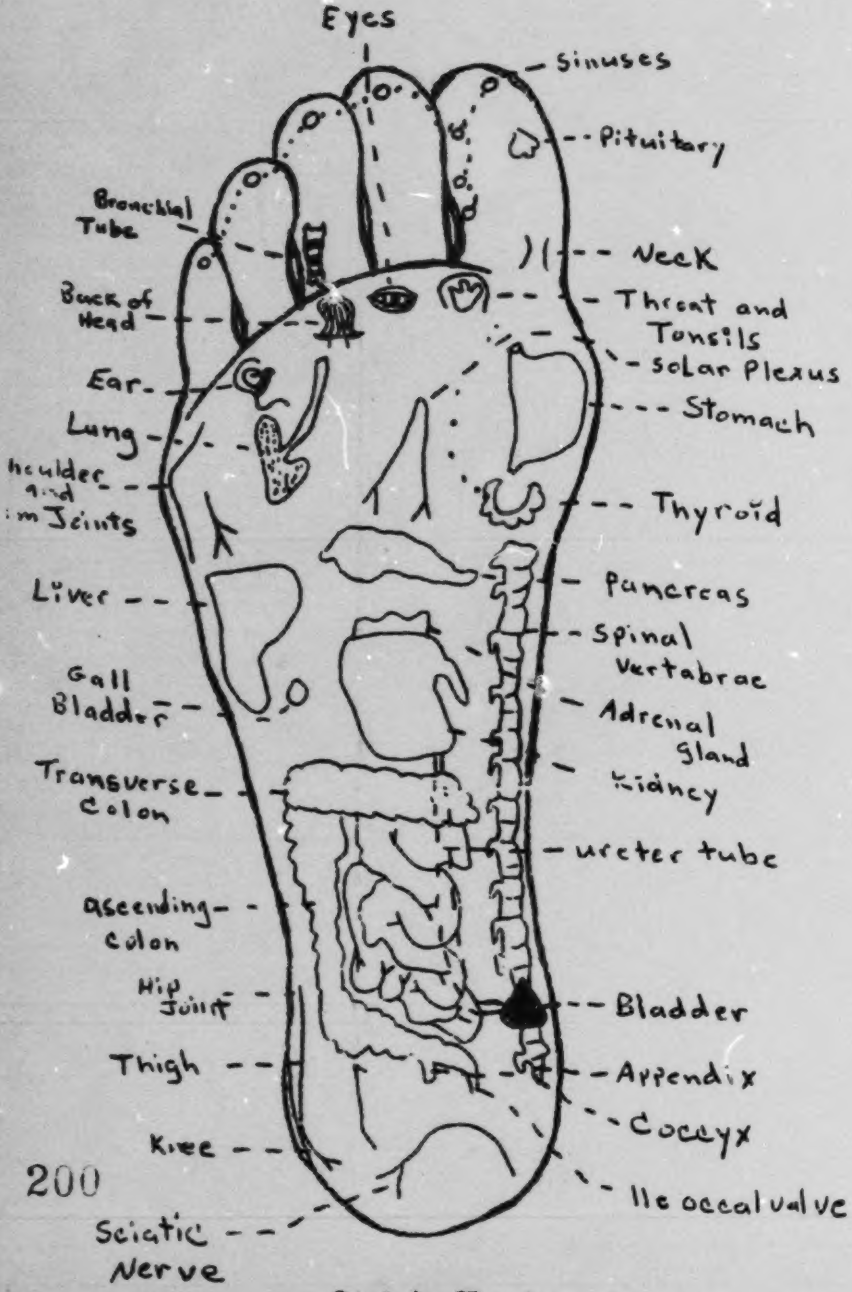
FOUR TIMES A DAY
HOUR OF SLEEP (BEDTIME)
HOUR
BEFORE MEALS
EVERY TWO HOURS
AFTER MEALS
THREE TIMES A DAY
EVENING OR AFTERNOON
MORNING
TWICE A DAY
OBSTETRICS
EMERGENCY ROOM
CENTRAL SUPPLY
OPERATING ROOM
OUTPATIENT DEPARTMENT
BATHROOM
GASTROINTESTIONAL
LABORATORY
GANITOURINARY
EYE, EAR, NOSE, THROAT
AS DESIRED
WHENEVER NECESSARY
DISCONTINUE
AMOUNT
SUFFICIENT QUANTITY
NOTHING BY MOUTH
OINTMENT
TREATMENT (TAKE)
OXYGEN

BLOOD PRESSURE

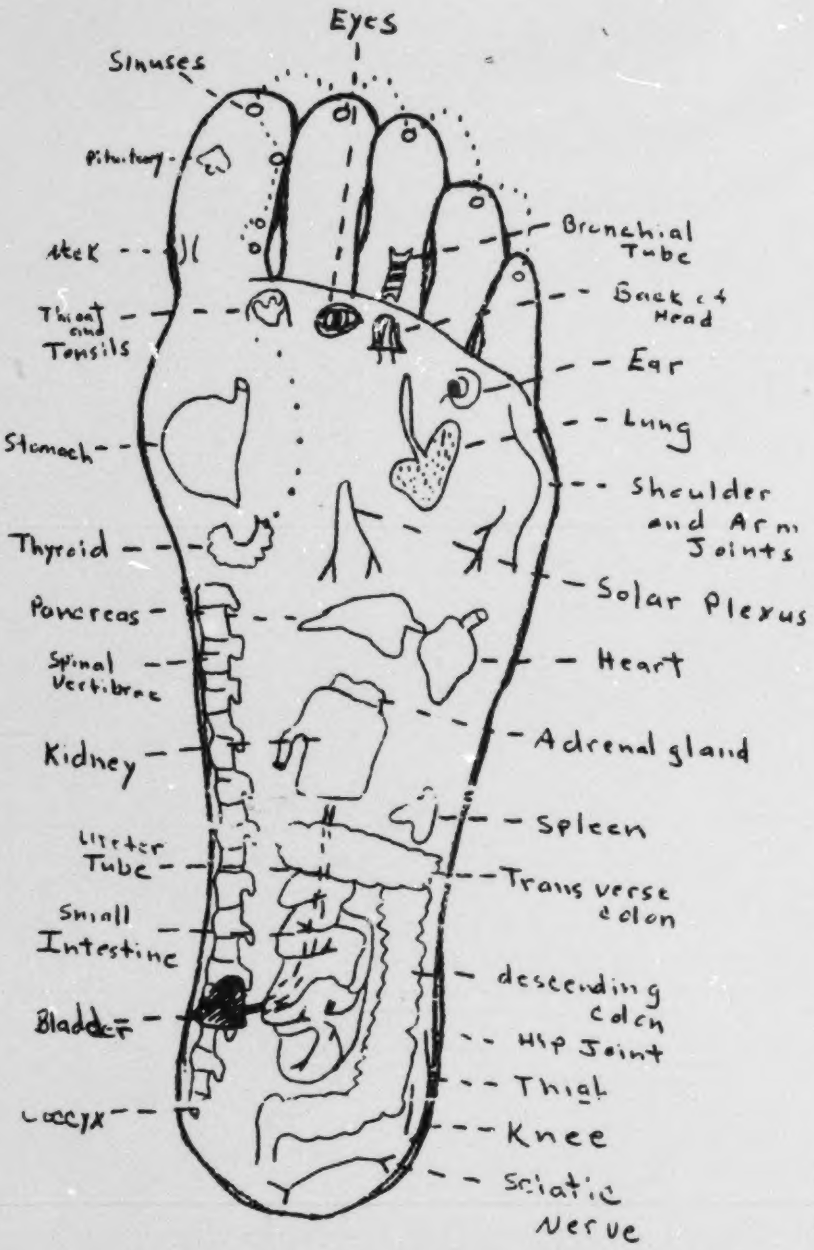

20
40
60
80
100
120
140
160
180
200
220
240
260
280
300

Anatomy of a Tooth

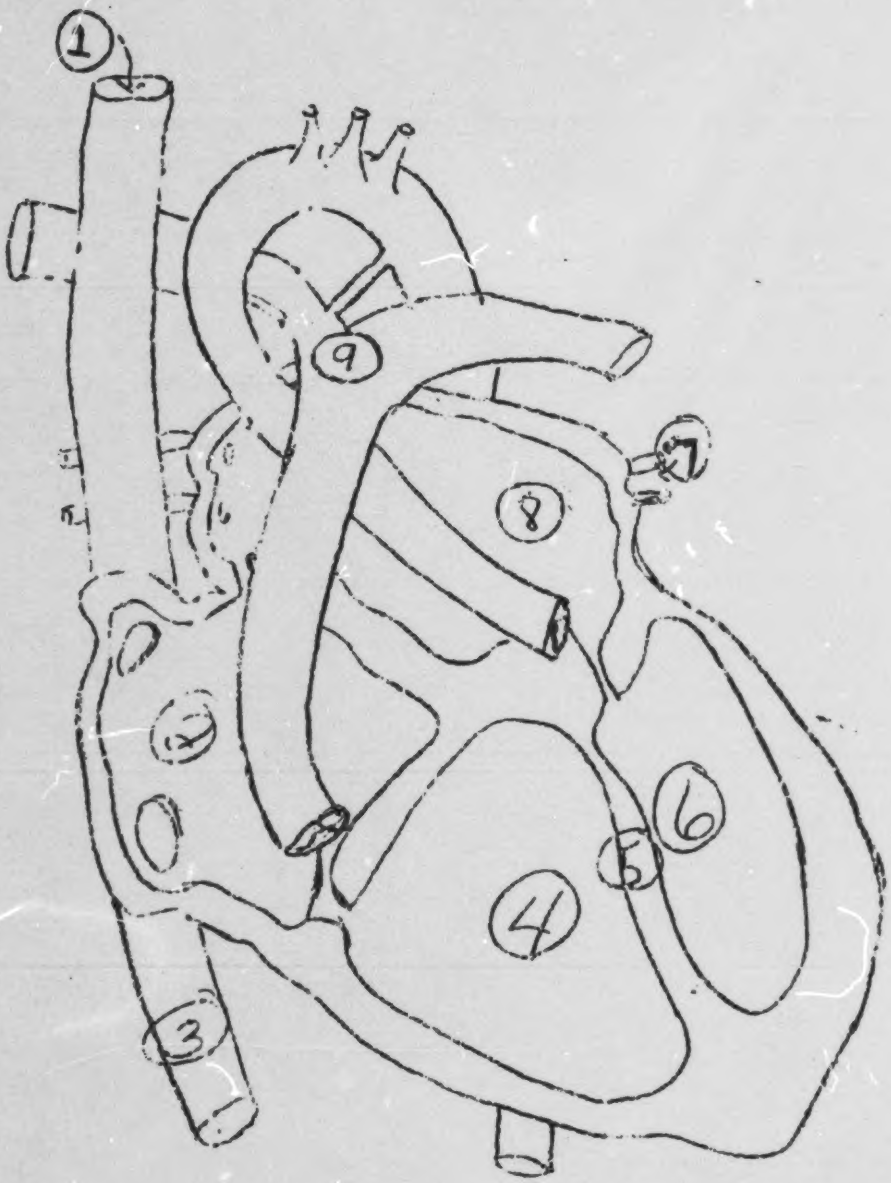

Crown
Neck
Root
Enamel
Dentine
Pulp
Nerve
Cement
Blood Vessels
Root Canal

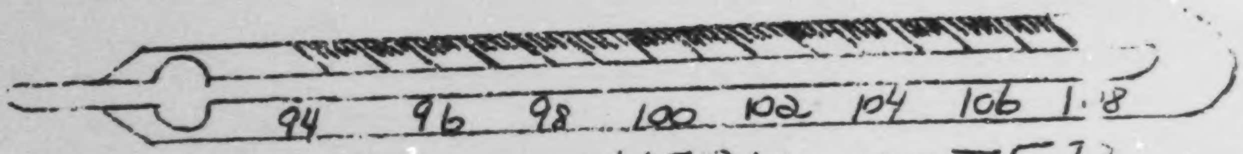

Eyes
Sinuses
Pituitary
Bronchial Tube
Neck
Back of Head
Throat and Tonsils
Solar Plexus
Ear
Stomach
Lung
houlder and :m Joints
Thyroid
Liver
Pancreas
Spinal Vertabrae
Gall Bladder
Adrenal Gland
Kidney
Transverse colon
ureter tube
aseending colon
Hip Joint
Bladder
Thigh
Appendix
Coccyx
Knee
Ileocecal valve
Sciatic Nerve

Right Foot


Eyes
Sinuses
Pituitary
Bronchial Tube
Neck
Back of Head
Throat and Tonsils
Ear
Stomach
Lung
Shoulder and Arm Joints
Thyroid
Solar Plexus
Pancreas
Heart
Spinal Vertibrae
Adrenal gland
Kidney
Spleen
Ureter Tube
Transverse colon
Small Intestine
descending colon
Bladder
Hip Joint
Thigh
Coccyx
Knee
Sciatic Nerve

Left Foot

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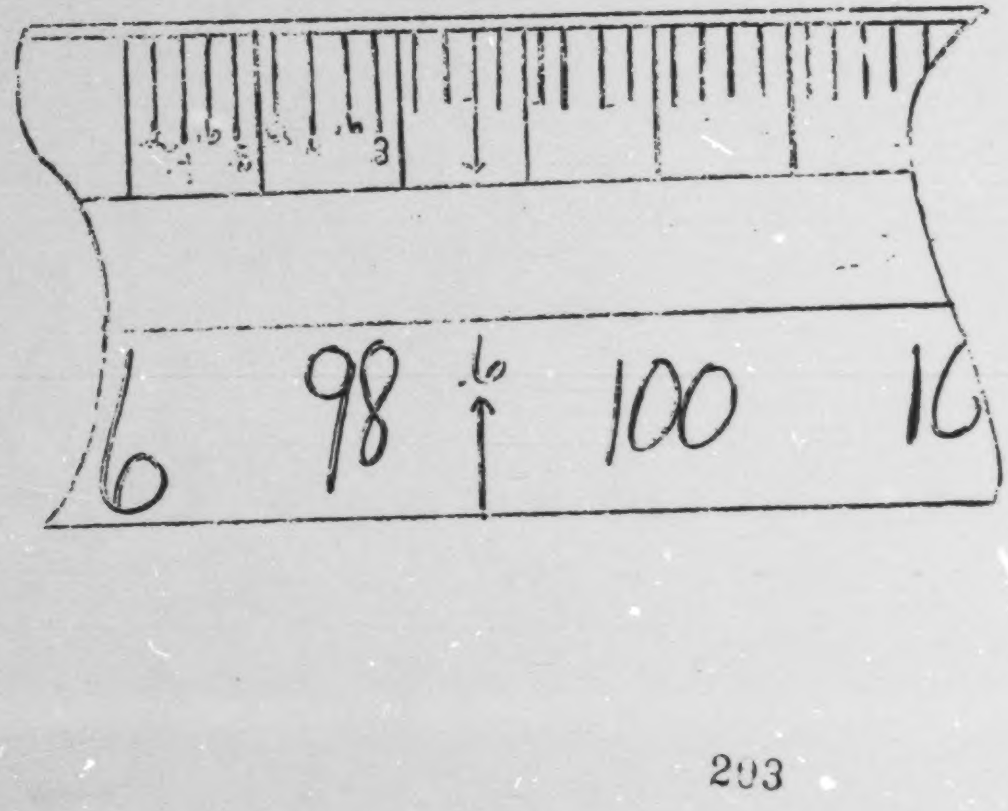
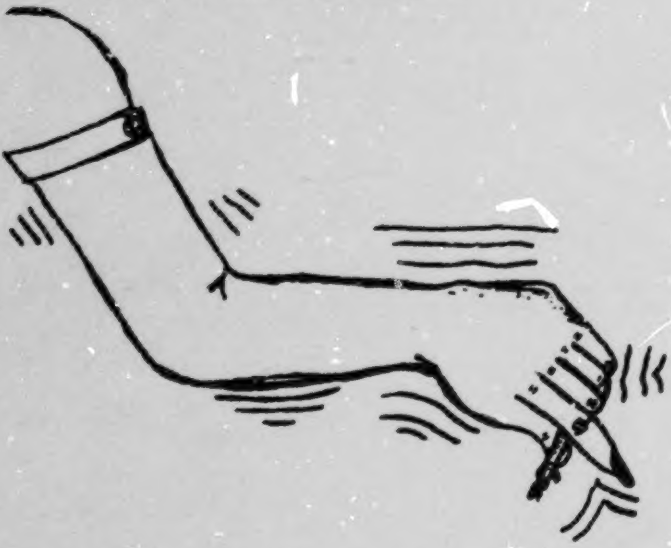
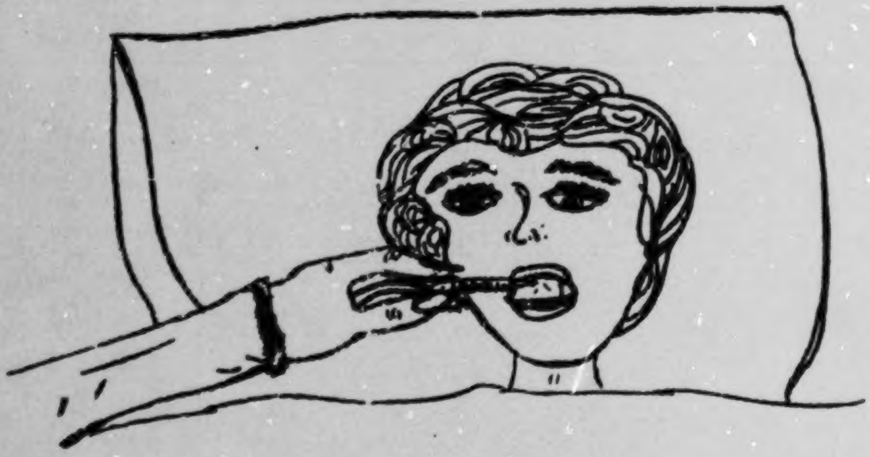
CLINICAL THERMOMETER



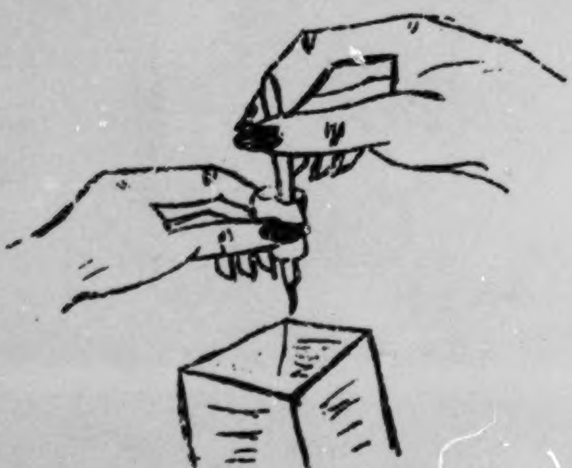
TAKING THE MOUTH TEMPERATURE



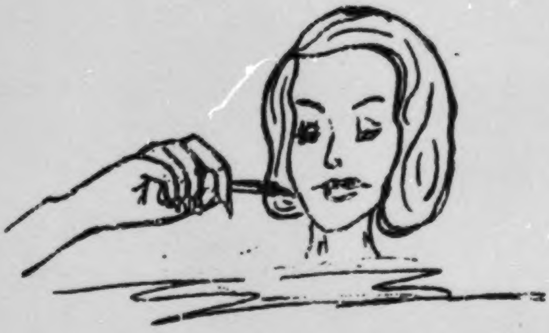
(1) SHAKE DOWN



(2) PLACE UNDER TONGUE



(3) WIPE OFF SALIVA



(4) READ AND RECORD

INTAKE–OUTPUT

ROOM________________

NAME ________________________

DOCTOR______________________

DATE																												
HOUR																												
2900																												
2800																												
2700																												
2600																												
2500																												
2400																												
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200																												
100																												

INTAKE--OUTPUT

ROOM ________________

NAME ________________________

DOCTOR ________________________

DATE		
HOUR	water glass	240 cc
2900	juice glass	120 cc
2800	cup	150 cc
2700	bowl	200 cc
2600	pitcher	1000 cc
2500	1 quart	1000 cc
2400	1 ounce	30 cc
2300	15 drops	1 cc
2200	1 drop	1 minum
2100		
2000		
1900		
1800		
1700		
1600		
1500		
1400		
1300		
1200		
1100		
1000		
900		
800		
700		
600		
500		
400		
300		
200		
100		

Getting That Job

If you are graduating this spring, and not planning further schooling, you will be joining thousands of other young people in the job market. You will need and want a job. Will you find one? A lot depends on you.

No one will kid you and tell you it is necessarily going to be easy. Economic problems create serious obstacles for young job-hunters. But there are jobs to be filled, even in hard times. In March 1975, *Business Week* magazine reported that a million jobs were unfilled because the unemployed did not have the right skills for the jobs. If you aren't prepared for the jobs available, you will have to plan to become prepared.

You will also have to carefully plan your job search. On the next few pages, we have some step-by-step suggestions on how you can proceed.

STEP 1—Prepare Yourself For a Job

There is much you can do to prepare yourself for a bright job future—even before you look for that first job. You must have something to offer an employer. So take inventory: What can you offer?

If you are a trade student, can you offer an employer sound, basic skills? Don't think you can bluff about what you can do. Even if you get the job, it won't take long before your employer will know what you do not know. Your job future starts in the classroom and shop. Learn as much as you can so that you can show the employer he can save money training *you* rather than another person. The more you know, the more he saves.

If you are a cooperative student, you may or may not have specific skills to offer. What you can offer is a positive attitude toward doing a good job and learning as much as you can. Your attitude is of first importance. The emphasis is on your willingness to learn and to receive further training.

So now you are graduating. You have done as much as you can to prepare for the job world while still in school. How do you go about finding and getting that job?

Principal contributor of the following material was Dr. Thomas O. Harris, Ph.D., Kansas State College of Pittsburg. Dr. Harris is Kansas State VICA Director.

STEP 2—Organizing For The Job Search

The job search *must* be systematic and highly organized if it is going to be successful.

The first step in organizing for the job search is to inventory yourself to determine just what you have to "sell" to prospective employers. The inventory that you come up with will determine how well you may be able to compete with others. You should begin by seeking answers to such questions as:

- Who am I?
- What facts or details about me would an employer want or need to know?
- What educational background do I have that specifically prepares me for the vocation I have chosen?
- What work experience do I have?
- Whom can I list as references?

There are two things that a prospective employer will want to know about you: what you *can* do, and what you *will* do. Your new employer wants and expects you to work up to your full potential. Other things that employers expect of new employees are:

- A full day's work for a full day's pay
- Adherence to rules, regulations, policies and orders
- Proper care of tools, equipment, materials and supplies
- Good judgment in handling confidential company information
- Respect for superiors on the job
- Promptness in reporting for work
- Regular attendance on the job
- Good personal appearance
- Loyalty
- Ability to get along with other people

A self-inventory is important.

Compare this list with your self-inventory in order to begin to improve yourself in needed areas.

A second stage of the inventory process is to determine your flexibility. Throughout your vocational training program, you have been learning *basic* skills, and basic skills in your occupational area probably apply to many occupations. The challenge is to find out which ones. The more flexible you are, the better position you have in the job application "game."

Searching for Job Skill Information

There are many places to search for information about job skills. The first place is in your classroom library. Check with your instructor and school counselor about sources of occupational information. Use the school and public libraries. Observe working people on the job. Interview persons in industrial, commercial, professional and labor organizations. Read ads in your local newspaper. Look at brochures from vocational schools. View educational motion pictures—usually provided at no charge. Watch television programs about occupational skills. Check with local governmental agencies for occupational information. Many books have been written about sources of such information and the sources listed here are by no means exhaustive.

Are you ready for job responsibilities?

Needless to say, you should also be on the lookout for jobs in which you can put to use those important leadership skills that you have begun to develop as a member of a VICA section. To many employers, the ability to lead and/or relate to people is more important than job skills.

When you are aware of the skills you possess and the job to which they may apply, you are ready to begin the development of a plan for job hunting. You do not just start out by knocking on every door. There must be some system to your search. Remember that employers are looking for "the right employee" as you are looking for "the right job." The job-seeker needs to make every effort to get his name in the files of those places where employers look for new employees.

Finding Job Openings

Job openings may be found listed in such places as: state employment services, private employment agencies, Better Business Bureaus, school and college placement offices, daily newspapers, civil service announcements, classified telephone directories, industrial directories, and local community organization offices.

The U.S. Department of Labor's Bureau of Labor Statistics reports, however, that about 66 percent of the jobseekers in 1973 applied directly to the employer, about 51 percent asked friends about jobs, and about 28 percent asked relatives about jobs. Some, of course, used all three (and more) methods. That's why percentages add up to more than 100 percent. Of those persons who were successful in gaining employment, about 35 percent had applied directly to the employer and another 26 percent had asked other friends or relatives. The important point is, "Don't overlook *any source*."

One other point that needs to be made about your ability to compete is the importance of timing. The timing of your search may be as important as your method. *As soon as you have the basic skills for the job you desire, start your search*. Do not wait until the end of the term or next summer; that is when the competition is the greatest. Employers need *good* employees *all the time* and they are looking *all the time*—not just at the end of the term or just before summer vacation starts. If you wait to start your search when everyone else is starting theirs, you lessen your chances of success.

Another facet of timing is the seasonal aspect. Many industries operate only during certain seasons of the year. You should apply for seasonal jobs during the peak of the season and not at the end of it.

The timing of the day and of the week are also important. It has been shown by research that the best time of the day for an interview is mid-morning, while the best day is mid-week. Mid-week, in this case, means middle of the work-week.

Won a medal? Held a VICA office? Mention it on your job application.

STEP 3—Preparing Your Job Search Materials

To make effective job contacts, you need to prepare certain materials to help you. You may need to write letters of application and data sheets or resumes. You should also prepare a brief personal data sheet to take with you on an interview. It will include the vital statistics you need to fill out a job application.

A very important part of your search is the *letter of application*. Its purpose in the "selling" job is to motivate the employer to want more information about you, the applicant. In addition to the date, inside address, and salutation, the letter of application contains:

- A statement of the exact job you want. This tells the employer why you wrote the letter.
- A brief statement about your education and training. This tells the employer that you are qualified for the job.
- A brief history of your work experience. The experience listed should be related to the job you are seeking.
- A statement concerning an interview—either that you will be available after a certain date, or that you would come for an interview at the employer's convenience.

The letter should be typed and *be brief*. Brief means no more than one side of one page. This should indicate that a letter of application is to be carefully *composed* and not just dashed off in a last-minute effort. If you wish, you may include with the letter a personal data sheet or resume to give more detailed information about yourself. Remember that the letter of application is usually your first opportunity to make contact with a prospective employer, and it must make a favorable impression. Study the sample letters with this article carefully.

The personal data sheet (or card) you prepare to take with you on an interview should include the basic information you expect to be asked on a job application. You might be asked—in addition to the information listed on the resume—for addresses of places where you have lived. Be prepared with *all* information about yourself.

Detailed data sheets, also called resumes, should be typed on 8½" × 11" white paper. They should be brief, neat and well organized and should detail personal information, education, experience and references. Many books are available which show different forms of resumes.

Be sure to include information about your school activities, including membership in VICA, that shows your involvement and leadership. Hobbies, church and community activities can be listed, too, because these things give an employer an idea of the kind of person you are.

Provide complete information on training and work experience.

401 Utah Street
Pocatello, Idaho 83219

January 6, 1976

Acme Transit Company
1200 West Boulevard
Pocatello, Idaho 83208

Gentlemen:

Please consider this letter an application for a mechanic position in your auto maintenance garage.

In June this year, I will graduate from Southwest Idaho Area Vocational Technical School. I will have completed a two-year course in auto mechanics.

A personal data sheet indicating courses, grades, and work experience is enclosed for your information.

I would appreciate the opportunity to come in and talk over the matter with you at your convenience. I may be reached at the above address or by calling (208) 231-0127.

Sincerely,

Gary Richardson
Gary Richardson

Enclosure: Data Sheet

Possible letter of application

PERSONAL DATA SHEET

Name ______________________ Phone ______________

Address ____________________ Social Security # ____________

SCHOOLS OR TRAINING

Place of Training	Course Taken	Dates Attended	Date Completed

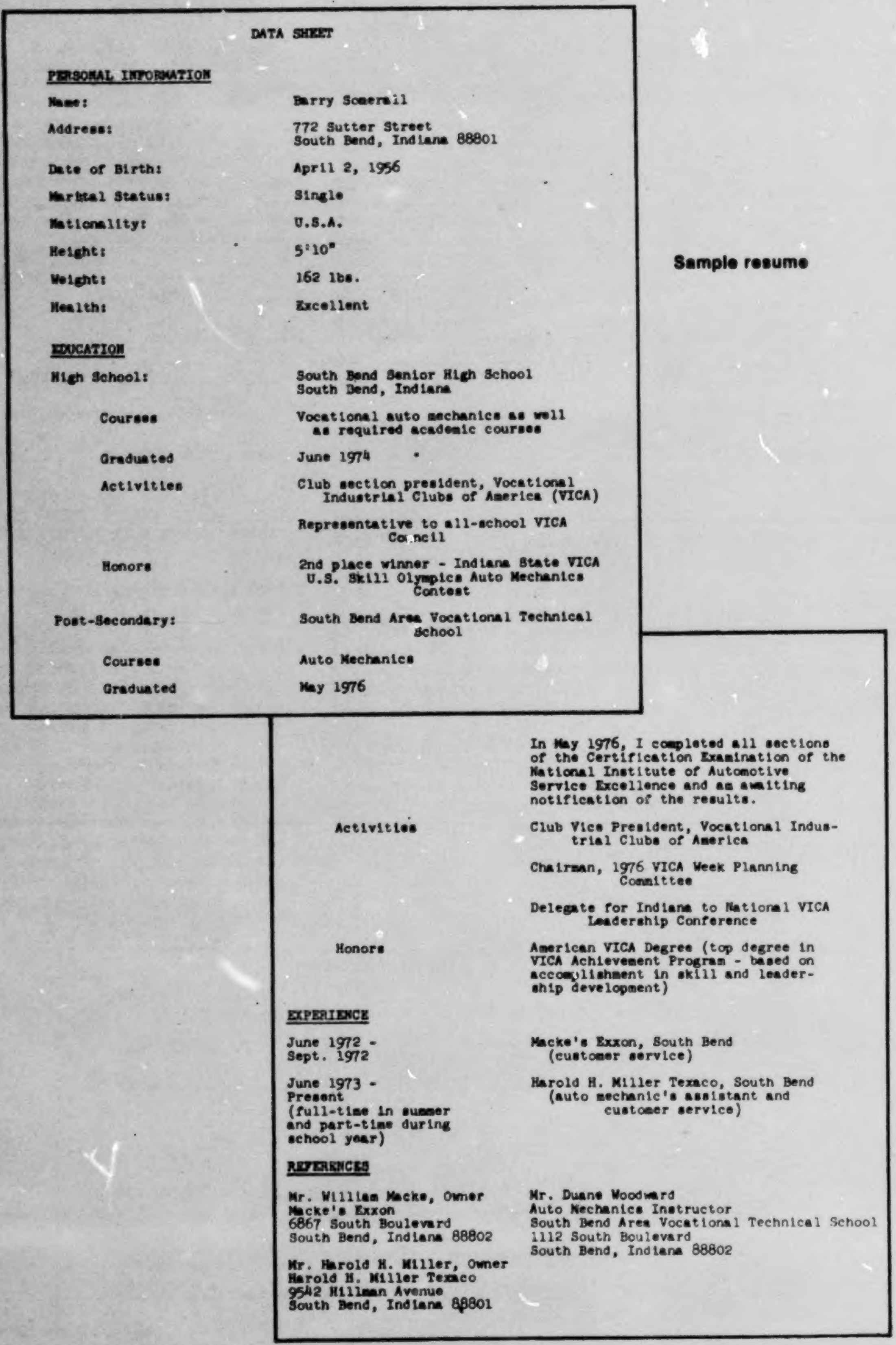
REFERENCES

Name	Address	City	State	Zip

JOB EXPERIENCE

Company Name	Kind of Business	Supervisor	Salary
Company Address	Kind of work you did	Dates employed	Reason for leaving
Company Name	Kind of Business	Supervisor	Salary
Company Address	Kind of Work you did	Dates employed	Reason for leaving

Sample brief personal data sheet—take to job interview



DATA SHEET

PERSONAL INFORMATION

Name: Barry Somerail

Address: 772 Sutter Street
South Bend, Indiana 88801

Date of Birth: April 2, 1956

Marital Status: Single

Nationality: U.S.A.

Height: 5'10"

Weight: 162 lbs.

Health: Excellent

EDUCATION

High School: South Bend Senior High School
South Bend, Indiana

Courses: Vocational auto mechanics as well as required academic courses

Graduated: June 1974

Activities: Club section president, Vocational Industrial Clubs of America (VICA)

Representative to all-school VICA Council

Honors: 2nd place winner - Indiana State VICA U.S. Skill Olympics Auto Mechanics Contest

Post-Secondary: South Bend Area Vocational Technical School

Courses: Auto Mechanics

Graduated: May 1976

In May 1976, I completed all sections of the Certification Examination of the National Institute of Automotive Service Excellence and am awaiting notification of the results.

Activities: Club Vice President, Vocational Industrial Clubs of America

Chairman, 1976 VICA Week Planning Committee

Delegate for Indiana to National VICA Leadership Conference

Honors: American VICA Degree (top degree in VICA Achievement Program - based on accomplishment in skill and leadership development)

EXPERIENCE

June 1972 - Sept. 1972: Macke's Exxon, South Bend (customer service)

June 1973 - Present (full-time in summer and part-time during school year): Harold H. Miller Texaco, South Bend (auto mechanic's assistant and customer service)

REFERENCES

Mr. William Macke, Owner
Macke's Exxon
6867 South Boulevard
South Bend, Indiana 88802

Mr. Duane Woodward
Auto Mechanics Instructor
South Bend Area Vocational Technical School
1112 South Boulevard
South Bend, Indiana 88802

Mr. Harold H. Miller, Owner
Harold H. Miller Texaco
9542 Hillman Avenue
South Bend, Indiana 88801

Sample resume

STEP 4—Making Personal Job Contacts

If you send enough letters or are actively job searching through any of the methods mentioned previously, eventually you will need to make arrangements for an interview. You should become familiar with various office procedures so you will know what to say and do when the time comes. In small organizations, the manager or owner may do all his own interviewing. Larger firms have personnel offices to handle applications and interviews. In either case, find out the name of the person to whom you will be speaking and use it.

Appointments for an interview may be made in person or by telephone. Make the appointment yourself. Do not have a friend or relative do it for you. The direct approach is best. For example, "My name is John Clark. I have learned through (my instructor, counselor, the employment security office, etc.) that you have a vacancy in your service department. I would like to be considered an applicant." This type of approach creates the most favorable impression.

If you make a telephone contact for a job—such as one listed in the classified ads—don't pick up the phone before thinking through what you want to accomplish. The impression you make on the phone is important—or you may not even get that interview.

- Plan what you want to say in advance. Write it down.
- Speak clearly and distinctly. Say your name clearly.
- Say right away why you are calling. "My name is John Clark and I would like to make an appointment to interview for the drafting job which you advertised in today's *Daily Herald*."
- Be confident, businesslike and courteous.
- Request an interview. A telephone call is not an interview. Be prepared, however, to answer questions. The interviewer may want to be sure you have the right qualifications. Have all the information at hand.
- Before you hang up, be sure you know the interviewer's correct name, its pronunciation, and his title. Write down the time and place of an interview. Read it back to make sure it is correct.
- Thank the person to whom you spoke.
- Close the conversation just as soon as you have completed your business. Don't try to "sell" yourself over the phone.

STEP 5—The Interview

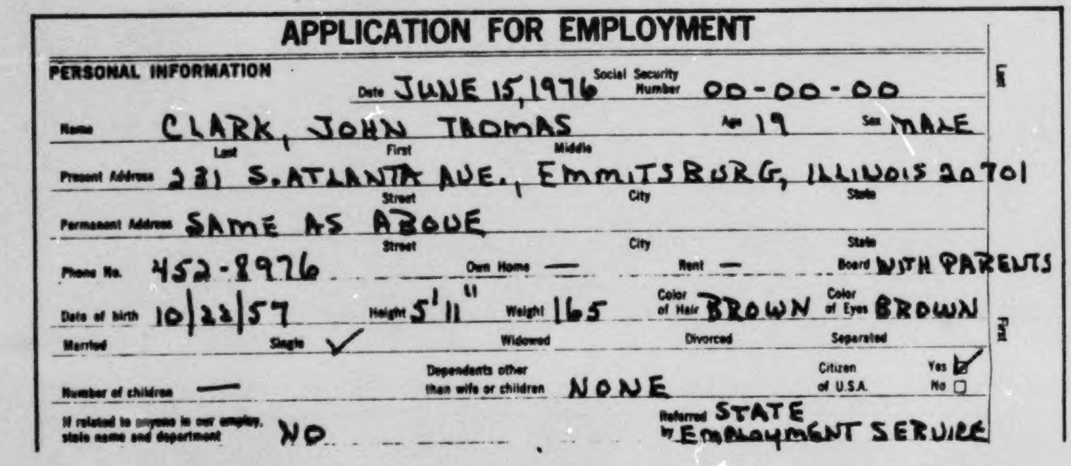
Once the date and time of your interview are set, plan to be there on time—preferably a little early, so that you have time to get your thoughts together before you actually interview.

Also plan to make yourself *very* presentable during the interview. You *must* create a favorable first impression because it is the only chance you will get to make one.

Remember, an interview is merely a conversation with a purpose. The purpose is twofold: (1) The employer wants to find out about you, and (2) You want to find out about the company. The medium through which this information passes is conversation.

Generally, after the interview is set up, you may expect to fill out an application for employment form. The form shown is from the VICA United States Skill Olympics Job Interview Contest and is a good example. Study the form carefully and think of it as an "advertisement" about you. As such, it must present a complete "picture" of you. There are several points to keep in mind:

- Your writing or printing must be neat and legible.
- Be accurate.
- Use blue or black ink, not a pencil.
- Follow instructions carefully.
- Answer all questions.
- Do not leave blank spaces. Answer with "no" or "none" or draw a line through a space to indicate that you did not miss it.
- Take a copy of your birth certificate with you. No. None—.
- Have previous work experience information written out ahead of time—including name and address of employer, type of business, your job duties, immediate supervisor, dates of employment, wages received, and reason for leaving (see personal data sheet in Step 3).
- Have educational information written out ahead of time—including names of schools, addresses, years attended, diplomas, certificates, or degrees received, and major subjects studied.



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date JUNE 15, 1976 Social Security Number 00-00-00

Name CLARK, JOHN THOMAS (Last, First, Middle) Age 19 Sex MALE

Present Address 231 S. ATLANTA AVE., EMMITSBURG, ILLINOIS 20701 (Street, City, State)

Permanent Address SAME AS ABOVE (Street, City, State)

Phone No. 452-8976 Own Home — Rent — Board WITH PARENTS

Date of birth 10/22/57 Height 5'11" Weight 165 Color of Hair BROWN Color of Eyes BROWN

Married Single ✓ Widowed Divorced Separated

Number of children — Dependents other than wife or children NONE Citizen of U.S.A. Yes ☑ No ☐

If related to anyone in our employ, state name and department NO Referred by STATE EMPLOYMENT SERVICE

Continued on next page

EMPLOYMENT DESIRED

Position DRAFTSMAN
Date you can start JULY 1, 1976
Salary desired $150/WEEK
Are you employed now? YES
If so may we inquire of your present employer YES
Ever applied to this company before? NO
Where —
When —

EDUCATION

	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
Grammar School	DALE ELEMENTARY MADISON, ILLINOIS	6	1968	—
High School	EMMITSBURG HIGH SCHOOL EMMITSBURG, ILLINOIS	4	1974	DRAFTING - IN A CO-OP PROGRAM
College	SUMMIT COUNTY JR. COLLEGE MINOT, ILLINOIS	2	1976	ARCHITECTURA DRAFTING
Trade, Business or Correspondence School	—			

Subjects of special study or research work —

What foreign languages do you speak fluently? NONE
Read —
Write —

U.S. Military or Naval service —
Rank
Present membership in National Guard or Reserves AIR NATIONAL GUARD

Activities other than [illegible]ious (civic, athletic, frate[illegible], etc.) PRESIDENT, SUMMIT CO. JR. COLLEGE VOCATIONAL INDUSTRIAL CLUBS OF AMERICA

Exclude organizations the name or character of which indicates the race, creed, color or national origin of its members

FORMER EMPLOYERS List below last four employers, starting with last one first

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From SEPT. 1973 To MAY 1974	EDWARD H. LEVEY ARCHITECTS 727 HIGH ST., EMMITSBURG	$2.00 per hr.	DRAFTSMAN	PART-TIME CO-OP PROGRAM JOB
From JUNE 1974 To AUG. 1974	BOYER BROS. HARDWARE 258 UNION AVE., EMMITSBURG	$1.75 per hr.	CLERK	SUMMER JOB
From JUNE 1975 To AUG. 1975	"	"	"	"
From To				

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1 EDWARD H. LEVEY	727 HIGH ST., EMMITSBURG	ARCHITECT	3
2 JACK BOYER	258 UNION AVE., EMMITSBURG	HARDWARE STORE	2
3 REV. MORRIS KELLER	777 HIGH ST., EMMITSBURG	MINISTER	7

PHYSICAL RECORD:

List any physical defects NONE
Were you ever injured? NO
Give details —
Have you any defects in hearing? NO
In vision? WEAR GLASSES
In speech? NO

In case of emergency notify ROBERT CLARK 231 S. ATLANTA EMMITSBURG 452-8976
Name Address Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date JUNE 15, 1976
Signature John T. Clark

- Have names and addresses of references prepared ahead of time. Be sure to get the person's permission to use his name as a reference before you list it.

- Do not lie about anything on the application form. Do not even "stretch the truth a little." When the untruth is discovered by the employer, you may lose your job.

- Watch your spelling and grammar—re-read your statements to be sure they are correct.

With these thoughts in mind and the necessary materials in hand, you should have little difficulty completing the application form completely and accurately.

First Impressions Count

If you want a job, *look* as if you would make a good employee. Wear appropriate clothing. Wear what you feel good in and look good in, but avoid what is "mod."

What is appropriate will depend on whether you will work in an office, a factory, a shop or garage, or on a construction site. You might wear a suit to interview as a draftsman in an architect's firm. Slacks and shirt or sweater would be alright to wear to an interview for a job as an auto mechanic or carpenter.

Girls should give thought to whether a dress, skirt and blouse, suit or pants suit will be appropriate. Whatever you wear, it should be in good repair, clean and neat. Your skin, hair and nails should be clean and neat as well.

An interviewer will first notice your attitude. Be courteous, alert and friendly. Be confident but don't seem too cocky. Humility indicates a willingness to learn.

Introduce yourself right away and be sure your handshake is firm, not limp.

Let the interviewer lead the discussion. Be prepared for questions. Here are some you might be asked:

- What prompts you to consider leaving your present job?

- Describe for me, if you will, a typical day on your present or last job.

- How did you like working for your last employer?

- What subjects in school were the hardest for you to master? What subjects were the easiest for you? What kind of marks did you get in school? Do you think your school or college marks represent the "real" you?

- Were you satisfied with the progress you made in your last job? Why?

- What is your interpretation of success?

- Why do you think that you would be successful on this job?

- If you get this job, where do you see yourself in the future?

- Do you have any plans for self-improvement during the coming year?

- Why do you want to work for our particular company? What do you know about our industry?

- Tell me about yourself.

- Why should I hire you?

After the First Impression

Volunteer positive information about yourself. If you have charted your training and skill development during schooling, take the chart along on an interview to show specific skills and knowledge. If you don't have one, make one. Or make notes and be sure to tell an employer what specific things you do know.

Could you take samples of your work? Do so, if you can.

"I have a real commitment to my trade." Even if you don't say it in so many words, an employer should know this after talking to you. Seriousness of purpose is the best thing a trade student can offer. An employer will want to know that you can carry your weight as part of a work team. *Are* you serious about your trade? You could prove it by saying: "I have my own tools," or "I have started to purchase my own tools." This would tell anyone that you mean business.

If you plan further schooling, mention it. Or ask about training opportunities in connection with the job.

Do you have letters of recommendation from teachers or cooperative employers? Show them to demonstrate that others have confidence in your ability to learn and grow in a job.

During your interview, do not criticize past employers. Even if your criticism is justified, it will not help your job chances. Probably, it will damage them.

Do not discuss hours, salary and benefits until the close of the discussion, when you have learned about the job and when the interviewer has learned something about you. Although you need to be realistic and make enough money to live on, it is good to let an employer know you are most interested in *opportunity* and in moving ahead by learning. You can consider whether the salary is adequate after you have a firm offer. And *don't* be shortsighted about money. Sometimes a job that pays less *now* offers a brighter future than one that pays more.

Once the interviewer has indicated the interview is at an end, leave promptly, after thanking him or her for the time they took.

You could be offered a job on the spot. Or, an interviewer will tell you that you will be notified about the job. If that is the case, be sure to write a thank you letter immediately following the interview. Express thanks for the time spent with you and once again, briefly, express your interest in the job.

No one ever said that job hunting was fun, but it can be much less painful and more successful if you prepare for it. Plan your approach—then go out and get that job!

SOME RESOURCES

Be Informed on Finding A Job offers practical, easy-to-read advice and numerous review exercises on job-finding steps and techniques. Written by Stephen Ludwig, it is available from New Readers Press, Box 131, Syracuse, N.Y. 13210. Single copies (40 pages) are 75 cents.

Also by Stephen Ludwig is **Out of Work**. It examines job finding techniques and tells how to get unemployment insurance, welfare, and help from unions. It explains debt counseling and discusses vocational schools, apprenticeship and other training programs. Also from New Readers Press, Box 131, Syracuse, N.Y. 13210. Single copies (56 pages) are $1.50.

APPENDIX C

Selected Handout Materials Utilized in the Health Assistant Curriculum Development Workshop

COLUMBIA-MONTOUR AREA VOCATIONAL-TECHNICAL SCHOOL
COOPERATIVE HEALTH OCCUPATIONS
RATING SHEET

STUDENT ________________________________

	V.G.	G	AV	F	P	COMMENTS
APPEARANCE						
a. Uniform						
b. Shoes						
c. Hair						
d. Skin--clean and free from odors						
COMPETENCY OF PROCEDURES						
a. Knowledge of principles						
b. Ability to carry out procedures						
1. Speed						
2. Considers the safety, economy, comfort of patient						
3. Organization or work						
4. Charting						
ABILITY TO WORK WITH OTHERS						
a. Attitude toward suggestions						
b. Attitude toward helping others						
INITIATIVE AND RESPONSIBILITY						
a. Reports to charge nurse						
1. On and off duty						
2. Symptoms and change in patient's condition						
3. Errors						
4. Accidents						
5. Unfinished assignments						
b. Responsibility to patient						
1. Recognizes physical and mental needs of patient and tries to take care of these needs						
c. Responsibility to self						
1. Has self confidence						
2. Completes her assignments						
3. Asks intelligent questions						
4. Is usually punctual						
PROFESSIONAL FITNESS						
a. Approach to patients						
b. Poise						
c. Attitude on duty						

KEY: V.G. - very good
G - good
AV - average
F - fair
P - poor

PERSON RATING ________________________________

POSITION ________________________________

DATE ________________________________

NAME________________________________ MARKING PERIOD__________________

COLUMBIA MONTOUR A.V.T.S. *** HEALTH OCCUPATIONS *** PRACTICE PROCEDURE SHEET

PROCEDURES	DATE DONE				PROCEDURES	DATE DONE			
WASH HANDS					DISCHARGE UNIT				
AUTOCLAVE MATERIAL					USE STERILE GLOVES				
USE TRANSFER FORCEPS					PREPARE AREA FOR PHYSICAL AND PELVIC EXAM				
OPEN BED					OCCUPIED BED				
SURGICAL BED					BEDCRADLE BED				
FOOTBOARD BED					STRECHER BED				
ORAL HYGIENE					BED BATH				
BACK RUB					BED PAN				
CINITEST					HEMACOMBI STIX				
TESTAPE					URINOMETER				
T.P.R.					B.P.				
HT.					WT.				
FULL LEG ELASTIC WRAP					SLING				
FIGURE OF 8 OF ELBOW WRAP					ABDOMINAL BINDER				
S.S.E.					FLEET'S ENEMA				
HOT WATER BOTTLE					TERMINAL ISOLATION GOWN TECHNIQUE				
"REUSE" ISOLATION GOWN TECHNIQUE					MEASURE CATHETER OUTPUT				
DISCONNECT CATHETER TUBING					MOVE HELPLESS PATIENT UP TO HEAD OF BED				
POSITION ON SIDE					SEMI-FOWLER POSITION				
ORTHOPNIEIC POSITION					MOVE FROM BED TO STRECHER				
MOVE FROM BED TO WHEELCHAIR					POSITION USING PREVENITIVE DEVICE FOR DECUBITI				
RESTRAIN ARMS IN BED					RESTRAIN WAIST IN BED				
USE POSEY VEST IN BED					USE POSEY VEST IN CHAIR				
SKIN PREP.									
CATHETER IRRIGATIONS									

HOW TO GET ALONG WITH FELLOW WORKERS

One of the most important and most appreciated traits in a worker is the ability to get along peacefully with all kinds of people. It is especially important that we learn to get along well with our fellow workers; after all, we spend most of our waking hours in their company. As the cogs in gears must mesh together without friction, so must each worker fit into his place in an organization without friction between himself and others. This does not mean that people are mere "cogs" but it does mean that on—the—job performance can be ruined by personality clashes. We cannot all be individualists in a work situation; we must learn to work in and as a group. When machinery begins to get hot and show signs of friction, we pour on cooling fluids, grease, or other lubricants. Sometimes we must let the machinery cool off for a while. When friction develops between people, our best (and perhaps only) lubricants are consideration, tact, understanding, and fairness. Sometimes people need a "cooling off" period, too, before further action can be attempted. It is probably true that most people want to get along well with others, but that many of us do not know how. Here are a few questions to ask yourself.

Are You Willing to Help the Other Fellow?

Being helpful to others pays dividends in several ways. It leads to personal satisfaction for the person who is helpful. It is a good investment for the future, since helpful deeds have a way of returning when there is need. It paves the way for friendship. This is especially true of the help given to a new employee who may be going through a period of uncertainty and bewilderment as he adjusts to his new job. In fact, being helpful and giving good service are policies upon which the success of many large businesses has been developed. If you can't be helpful just because of an inner urge to do the right thing, then put the matter on a dollar—and—cents basis and be helpful anyway.

Are You Willing to Go Halfway to be Friendly?

If you can learn to think friendly thoughts and to do friendly acts, you will in time feel genuinely friendly. Then your life will be more pleasant and so will the lives of those you work with. It is difficult to think that a person is a friend unless he acts friendly. Even though "standoffish" people usually have inner feelings of inferiority, the impression they give others is that of being offensively superior, or openly rude. Often they do not know themselves why they act the way they do. They need help in learning how to relax and meet others with a smile. Perhaps knowing this will help you understand apparently unfriendly people a little better.

Do You Show Annoyance on Slight Provocation?

It is not pleasant to work with a nervous, irritable person who, every time something goes wrong, shows annoyance either by an impatient gesture or word. It is impossible to relax near such a person, because nervousness is, in a way, contagious. Your nervousness can make someone else nervous. It is a reflection of a state of mind; it is an indication that the individual's mind is not, at that moment at least, calm and assured. Sometimes worries and extra burdens at home, or in one's personal life, cause one to be cross and irritable at work. We all need to learn to accept responsibilities. How do you accept them? Do they worry you, or make you nervous? We are not being good teamworkers if we pass our nervousness on to others.

Are you afraid of making mistakes? Mistakes, in spite of our best, will happen. Handle your mistake situation bravely, honestly and graciously. There are only three things that can be done about a mistake. First correct the mistake and, if possible, undo any damage done; second, try to prevent a recurrence of the mistake; third, try not to cause emotional upheavals because of your mistakes.

Some office managers and foremen have been known to make such a fuss over a comparatively minor error that the efficiency of the group was impaired because of the emotions aroused. The one making the mistake usually feels bad enough about it without others becoming concerned. If one of your co—workers is doing something the wrong way, give him friendly, patient help in a courteous way. When working with others, the way you do a thing is sometimes more important than what you do. Do not dwell upon mistakes made by others. Show consideration. You may be the next one to make a mistake.

Do You Try to be Fair?

One of the best ways to get youself disliked is to take advantage of authority you may have over others, or of circumstances that are favorable to you but not to others. Nothing breeds resentment, and even hatred, more than having to take humiliation, unjust criticism, or discipline at the hands of a petty tyrant. If it is your job to supervise others, remember that cooperation won is far more powerful and lasting than obedience demanded. Some very good supervisors follow the policy of never asking anyone under them to do something they would not be willing to do themselves.

Do You Bear Grudges?

Most of us have our feelings hurt occasionally, and must decide what to do about it. Probably the worst thing to do is to nurse the hurt or slight in our thought until it assumes more importance than it merits. That is what "bearing a grudge" means.

There is not much chance that all of us will agree with everyone all of the time. Differences of opinion are inevitable. When another person defends his own point of view, try not to dislike him just because he does not think as you do. When a fellow worker offends or annoys you, think carefully before you make an issue of the event. Sometimes it is better to ignore what happened. Sometimes it is better to talk the matter out right away, and then forget about it. If you dwell on an incident, you may eventually think in terms of "getting even" with the other person. To be unforgiving, to bear a grudge, to carry a chip on your shoulder, or to harbor a desire to get even may twist you up emotionally and get you into hot water socially. Grudges have a way of boomeranging on the person who harbors them. They make your thoughts sour and your outlook on life gloomy. It is not worth it.

Are You Willing to Give the Other Fellow the Benefit of the Doubt If You Suspect His Motives?

It is an unkind thing to be suspicious of other people. In fact, the person who is always cagey and suspicious is very likely to have motives of his own which might not look too well in a strong light; that is why he is suspicious of others. It is better to have your confidence in people betrayed a few times than to live in a world of suspicion and mistrust.

Do You Try to Talk More About the Good Than the Bad Qualities of Others?

It is very easy to get in the habit of always mentioning the wrong things others do, the wrong things they say, or the queer way they look. It is just as easy to learn to think and talk in a positive way about the good traits of others. We all know how much it hurts to overhear someone criticizing us, especially if they are talking about something we cannot help. We know that we never really forgive the person who has made these unkind remarks, and that from then on our relationship with that person is strained and unhappy. We know, too, how good it is to overhear something nice being said about us. The inner satisfaction we get from praise actually helps us to try even harder to do well, whereas too much or unkind criticism can kill ambition.

Do You Think Only of Your Own Interests?

Is it not boring to listen to one who talks always of his own problems and interests? Are you interested in what others have to say? Tact has been defined as "knowing what to say at the right time in the proper way." We might add that it is also knowing when to listen.

Some people pride themselves on being frank and blunt. Those who do so are often rude and sometimes crude. There is no particular virtue in sacrificing other people's feelings on the altar of frankness. People who trample rough—shod over the feelings of others are not likely to have many friends.

True unselfishness is to be admired and respected. Then why are we so often reluctant to give deserved praise? If you want to get along well with your fellow workers, never take credit for work or ideas which are not yours. Some supervisors accept praise from their superiors for ideas which originated from workers under them. In the long run, it pays to give credit where credit is due. It also pays to be as considerate of the interests of others as you expect them to be of your interests.

Do You Take Yourself or Your Work Too Seriously?

It is not desirable to take your work or yourself so seriously that you forget how to laugh. After all, all of us who work are merely links in a chain, so we do not need to feel that we carry all the responsibility. While we should be careful to see to it that we earn the money we receive, there is no need to make life so grim that there is no room for fun. Officious people are usually not well liked———they take themselves too seriously. We should always be willing to assume full responsibility for doing our own work well; on the other hand, we must not assume responsibility that belongs to someone else.

How Much Do You Value Your Integrity?

The person you are never going to get away from is the person you look at in the mirror each morning. If you can look him in the face with no uneasy feelings, the chances are that you will have no trouble at all in looking anyone else on the face. This self—assurance will lead to inner confidence and outward poise. No one but you can take away your self—respect.

Integrity has been defined as "upright character." Here are some of the characteristics of a person of integrity: He is honest in his dealings with others; he keeps his word, or makes an explanation when he cannot; he does not stoop to mean acts; he is not easily led by others——he has a mind of his own and knows how to make it up; he is not afraid as long as he feels he is in the right; he is respectful and even reverent when the occasion demands; he is courteous and considerate of others. Never forget that a person can be rich in integrity whatever his station in life may be.

COOPERATIVE VOCATIONAL EDUCATION
TRAINING PLAN GUIDE

Nursing Assistant

With the help of your instructor, rate yourself in the following skill competencies/operations. Place a check (✓) in the appropriate column to the right of the skill competencies/operations listing.

SKILL COMPETENCIES/OPERATIONS	CANNOT PERFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
A. INTRODUCTION TO THE PATIENT			
Answering the patient call			
Using the telephone			
Using the intercom			
Taking messages			
Making observations of the patient			
Reporting observations of the patient			
B. THE WORKING ENVIRONMENT			
Handwashing			
Sterilizing			
Disenfecting by boiling			
Disenfecting by use of germicides			
Observing, reporting and controlling pests			
Adjusting the manually operated bed			
Adjusting the electrically operated bed			
Keeping the utility room in order			
Keeping equipment trays in order			
Keeping cupboards clean			

SKILL COMPETENCIES/OPERATIONS	CANNOT PERFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
Observing and reporting unsafe conditions			
Using the bedside rails			
Care of soiled linen			
Preventing fires			
Handling a fire emergency			
Handling disposables			
Cleaning glassware			
Cleaning instruments			
Caring for personal care items			
Cleaning rubber articles			
Cleaning tubing and catheters			
Cleaning plastic sheets and pillowcases			
Cleaning water sterilizers			
Using pickup forceps			
Care of wheelchairs, stretchers and walkers			
C. THE PATIENT'S UNIT			
Arranging the patient unit			
Checking the supplies			
Operating the signal cord			
Checking the bedside table and the overbed table			
Screening the patient			
Checking the lights			
Cleaning the discharge unit			

SKILL COMPETENCIES/OPERATIONS	CANNOT PERFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
Concurrent cleaning			
Making the closed bed			
Making the open bed			
Making the occupied bed			
Making the postoperative bed			
Preparing a stretcher bed			
D. LIFTING, MOVING AND TRANSPORTING PATIENTS			
Positioning a patient in bed			
Cardiac positioning			
Positioning for examinations			
Positioning the completely helpless patient			
Locking arms with the patient			
Assisting the patient into a standing position			
Moving a patient to the head of the bed			
Moving the mattress			
Turning a patient to one side			
Moving a patient to and from a wheelchair			
Moving a patient to and from a stretcher			
Transporting a pateint by wheelchair			
Transporting a patient by stretcher			
Assisting the patient with the walker			

SKILL COMPETENCIES/OPERATIONS	CANNOT PERFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
Using vest restraints			
Using arm or leg restraints			
E. PERSONAL CARE OF THE PATIENT			
Assisting with oral hygiene			
Cleaning the patient's dentures			
Giving mouth care to the unconscious patient			
Giving the complete bed bath			
Giving the partial bath			
Giving the tub bath			
Giving the shower			
Giving the back rub			
Straightening the patient's bedding			
Dressing and undressing the patient			
Changing the patient's gown			
Giving the patient a shampoo in bed			
Giving the patient a shampoo in the bathroom			
Giving the bedpan			
Giving the urinal			
Shaving the male patient			
Combing the male patient's hair			
Combing the female patient's hair			
Preventing bedsores			

SKILL COMPETENCIES/OPERATIONS	CANNOT PERFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
F. FOOD SERVICE			
Preparing the patient before meal time			
Assisting the patient at meal time			
Feeding the helpless patient			
Giving extra nourishment			
Distributing drinking water			
Checking the diabetic meal tray after meal time			
G. SPECIAL TREATMENTS-FLUIDS & WASTES			
Measuring intake			
Measuring output			
Recording intake & output			
Collecting a routine urine specimen			
Collecting a 24-hour urine specimen			
Collecting a clean catch urine specimen			
Collecting a sputum specimen			
Collecting a feces specimen			
Observing intravenous infusions			
Using nasogastric tubes			
Using nasal cannulas			
Using nasal oxygen catheters			
Using urinary catheters			
Emptying urinary drainage bags			
Giving prepared enemas			

SKILL COMPETENCIES/OPERATIONS	CANNOT PREFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
Giving SSE's			
Giving retention enemas			
Giving rectal suppositories			
Giving a sitz bath			
Doing urine tests for sugar			
H. OBSERVING AND RECORDING VITAL SIGNS			
Taking oral temperatures			
Taking rectal temperatures			
Taking axillary temperatures			
Taking the pulse			
Taking respirations			
Taking blood pressures			
Taking height and weight			
Recording vital signs			
I. PATIENT ADMISSION, TRANSFER AND DISCHARGE			
Receiving the patient			
Admitting the patient to the institution			
Introducing the patient to his unit			
Taking care of the patient's valuables			
Transferring the patient			
Discharging the patient			
Returning the patient's possessions			

SKILL COMPETENCIES/OPERATIONS	CANNOT PREFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
J. PHYSICAL EXAMINATIONS			
Preparing the patient			
Preparing the equipment			
Assisting the doctor			
Cleaning the equipment			
K. HEAT AND COLD APPLICATIONS			
Applying hot compresses			
Applying hot soaks			
Using heat lamps			
Using hot water bottles			
Applying electric heating pads			
Giving alcohol sponge baths			
Applying cold wet packs			
Applying cold compresses			
Applying ice caps and collars			
L. PREOPERATIVE NURSING CARE			
Preparation the evening before surgery			
Preparation the morning of surgery			
Preoperative shaving of the patient			
Special skin care (orthopedic scrub)			
M. POSTOPERATIVE NURSING CARE			
Preparing the patient's unit			
Assisting from stretcher to bed			
Immediate observations			

	SKILL COMPETENCIES/OPERATIONS	CANNOT PREFORM	NEEDS MORE EXPERIENCE	CAN DO WELL
	Using binders			
	Using elastic leg wraps			
	Using slings			
	Observing new casts			
N.	THE PATIENT IN ISOLATION			
	Handwashing			
	Using the face mask			
	Using rubber gloves			
	Wearing the isolation gown			
	Serving the meal			
	Care of bedpans or urinals			
	Taking TPR's			
	Giving morning care			
	Transporting the patient out of the unit			
	Handling contaminated linen			
	Handling trash			
	Terminal cleaning			
O.	CARE OF THE DYING PATIENT			
	Care for dying patient			
	Postmortem care			

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CASE NO.

PATIENT'S NAME

ADDRESS DATE

TEL. NO. REFERRED BY OCCUPATION AGE SEX S.M.W.D.

CASE NO.

FAMILY HISTORY: FATHER MOTHER

BROTHERS SISTERS

CANCER TUBERCULOSIS INSANITY DIABETES HEART DISEASE RHEUMATISM

GOUT GOITER OBESITY NEPHRITIS EPILEPSY OTHER

PAST HISTORY: DIPHTHERIA MEASLES MUMPS CHICKEN-POX SCARLET FEVER SMALL POX

INFANTILE PARALYSIS TYPHOID MALARIA PNEUMONIA DYSENTERY JAUNDICE BOILS

INFECTIONS GONORRHEA SYPHILIS TONSILLITIS NEPHRITIS OPERATIONS

MENSTRUAL: ONSET PERIODICITY TYPE DURATION PAIN

MARITAL: MISCARRIAGES ABORTIONS CHILDREN STERILITY

HABITS: ALCOHOL TOBACCO DRUGS COFFEE TEA MEALS WATER

SLEEP BOWEL MOVEMENTS EXERCISE AMUSEMENTS

PRESENT AILMENT:

PHYSICAL EXAMINATION: TEMP. PULSE RESP. B.P. HT. WT.

GENERAL APPEARANCE

SKIN MUCOUS MEMBRANE

EYES: VISION PUPIL FUNDUS

EARS:

NOSE:

THROAT: PHARYNX TONSILS

CHEST: BREASTS

HEART:

LUNGS:

ABDOMEN:

GENITALIA:

RECTUM:

VAGINA:

EXTREMITIES:

LYMPH NODES: NECK AXILLA INGUINAL ABDOMINAL

REFLEXES:

REMARKS:

LABORATORY FINDINGS:

(Urine - Blood - Sputum - Smears - Exudates Transudates - Feces - Gastric Contents - Wasserman Kahn - Chemistry - Pregnancy Tests - X-Ray Fluoroscopy - Schick - Dick - Etc.)

Date	

PATIENT'S NAME

DIAGNOSIS

TREATMENT

228

FRANKLIN COUNTY AREA VO-TECH SCHOOL
Route 6 — Chambersburg, Pa. 17201

VITAL SIGNS RECORD

Attending Physician	Room No.	Hosp. No.

ATE →								
DAY →		HD PO	HD PO	HD PO	HD PO	HD PO	HD PO	HD PO
ODES:		AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM
TEMPERATURE x—x PULSE ●—● RESPIRATION o—o		4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12	4 8 12 4 8 12
TEMPERATURE	PULSE AND RESPIRATION							
	240							
106								
	220							
105								
	200							
104								
	180							
103								
	160							
102								
	140							
101								
	120							
100								
	100							
99								
	80							
98								
	60							
97								
	40							
96								
	20							
SHIFT		12 M–8 AM 8 AM–4 PM 4 PM–12 M	12 M–8 AM 8 AM–4 PM 4 PM–12 M	12 M–8 AM 8 AM–4 PM 4 PM–12 M	12 M–8 AM 8 AM–4 PM 4 PM–12 M	12 M–8 AM 8 AM–4 PM 4 PM–12 M	12 M–8 AM 8 AM–4 PM 4 PM–12 M	12 M–8 AM 8 AM–4 PM 4 PM–12 M
BLOOD PRESSURE		/ / /	/ / /	/ / /	/ / /	/ / /	/ / /	/ / /
WEIGHT								
ATTENDING PHYSICIAN'S VISITS (V)								
STOOL (S) ENEMA (E)								
INTAKE: ORAL								
I. V.								
SUBCUT								
TOTAL (SHIFT)								
TOTAL (24 HRS.)								
OUTPUT: URINE-VOIDED								
CATHET-G.U. JUG								
TOTAL (SHIFT)								
TOTAL (24 HRS.)								
ACTIVITY (CIRCLE)		BED CHAIR UP	BED CHAIR UP	BED CHAIR UP	BED CHAIR UP	BED CHAIR UP	BED CHAIR UP	BED CHAIR UP
FOOD TAKEN T-TOTAL P-PARTIAL N-NONE		___ BREAKFAST ___ DINNER ___ SUPPER	___ BREAKFAST ___ DINNER ___ SUPPER	___ BREAKFAST ___ DINNER ___ SUPPER	___ BREAKFAST ___ DINNER ___ SUPPER	___ BREAKFAST ___ DINNER ___ SUPPER	___ BREAKFAST ___ DINNER ___ SUPPER	___ BREAKFAST ___ DINNER ___ SUPPER

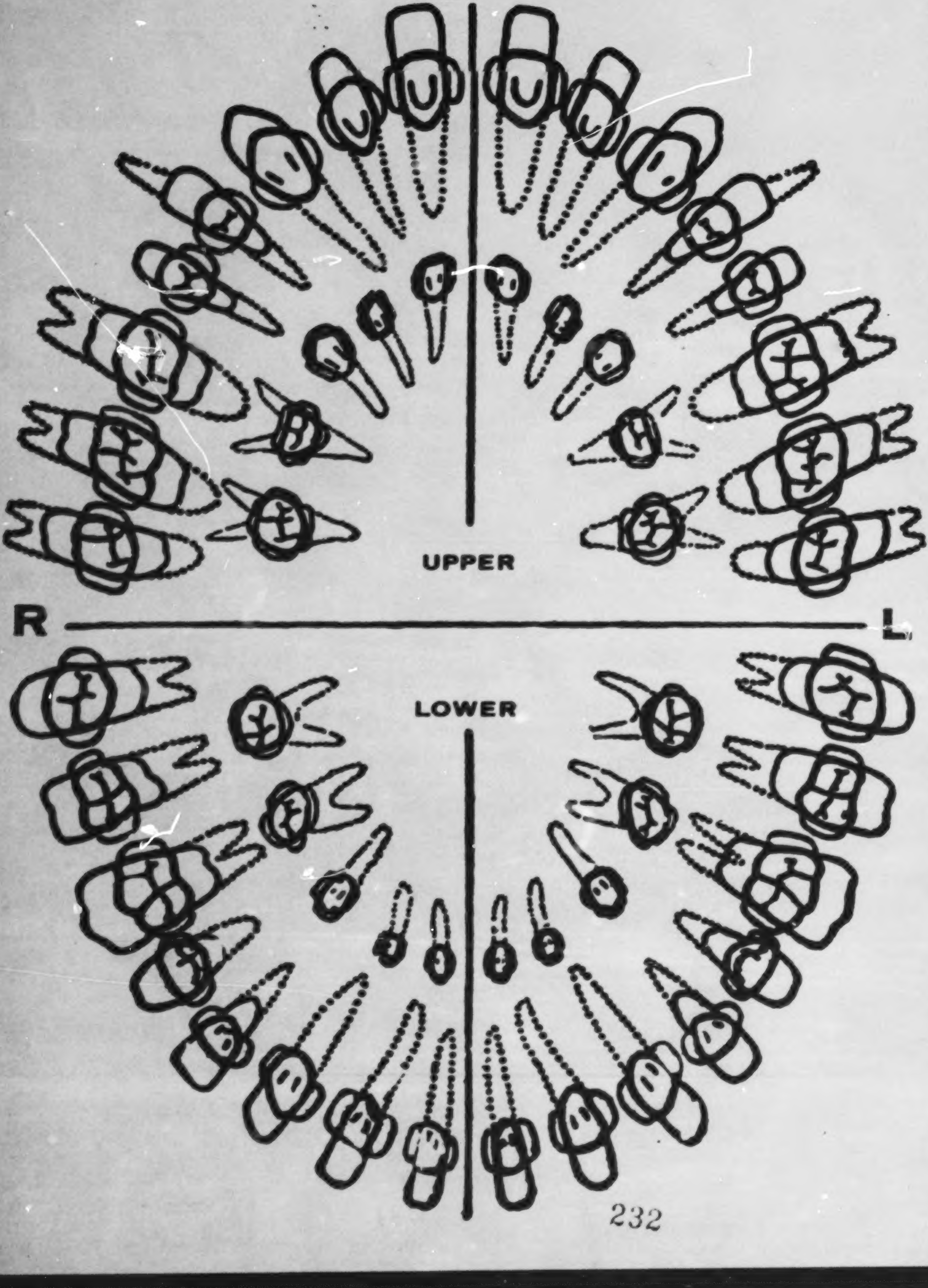
VITAL SIGNS RECORD

FRANKLIN CO. AREA VO-TECH SCHOOL

MEDICATION AND TREATMENTS

Hospital Day							
Post-Op Day							
Date							

TIME OF APPOINT-MENT		DATE			DATE 207			DATE		
		FOR WHOM	SERVICES	CHARGES	FOR WHOM	SERVICES	CHARGES	FOR WHOM	SERVICES	CHARGES
8	00									
A.M.	30									
9	00									
	15									
	30									
A.M.	45									
10	00									
	15									
	30									
A.M.	45									
11	00									
	15									
	30									
A.M.	45									
12	00									
	15									
	30									
P.M.	45									
1	00									
	15									
	30									
P.M.	45									
2	00									
	15									
	30									
P.M.	45									
3	00									
	15									
	30									
P.M.	45									
4	00									
	15									
	30									
P.M.	45									
5	00									
	15									
	30									
P.M.	45									
6	00									
	15									
	30									
P.M.	45									
7	00									
	15									
	30									
P.M.	45									
8	00									
	15									
	30									


UPPER
R
L
LOWER

COLUMBIA MONTOUR AREA VOCATIONAL-TECHNICAL SCHOOL

COOPERATIVE HEALTH OCCUPATIONS

General guidelines for Seniors

I. GENERAL INFORMATION

Cooperative health occupations is a joint venture between the school and local health agencies to provide a capstone program for seniors enrolled in the Health Assistant program. It provides the student an opportunity to blend in-school training and work experience in a supervised situation.

II. PROGRAM POLICY

A. GENERAL

1. All places of employment are to be approved by the school.

2. Grades in all academic areas should be maintained at a passing level.

3. "Working papers" must be completed by each student not 18 years old for each position held.

4. Students who complete the senior year of cooperative work experience satisfactorily will receive 2 credits toward graduation.

5. One period of theory in school must be attended each week. Time and day to be determined by the instructor.

6. Students will not terminate a job without first consulting the course coordinator.

7. Students must notify the employer and coordinator in each case of absence on a scheduled working day by 10 AM.

8. Students are expected to live up to all rules and regulations as outlined by the employer. All matters of business are to be kept in strict confidence and any controversial job problems should be discussed with the coordinator who in turn will discuss them with the employer.

9. The course coordinator will visit the training station frequently.

B. STUDENT TRAINEE POLICY

1. Students must be employed for a minimum of 15 hours per week.

2. Students and parents provide transportation for the work experience program. Adequate insurance should be carried.

3. Parking permits are secured in the school office. See student handbook for parking regulations.

4. Students will sign out in the front office before leaving the school each day.

5. Wages will vary among employers but will always be federal minimum except in special cases. Raises in salary depend on employers.

6. Students will be terminated from the program for acts of irregular attendance, stealing, lying or other acts of dishonesty.

7. You are a part-time employee and are not eligible for unemployment benefits.

8. Grades are a composite of successful work experience and work done in the theory period each week.

9. Your job may include Saturday, Sunday, and holiday work as this is a part of the job for any worker within the Health Occupations.

10. You need not be in the school during your scheduled shop time except for the theory period each week. The working time is your shop period. If you remain in the school, report to the instructor for assignment.

11. The instructor will assign a method for you to keep a record of your training experience.

12. You must keep the training work schedule updated in the classroom.

STUDENT'S RECORD OF TIME AND EARNINGS

SHOP..

NAME..................................... **EMPLOYER**.....................................

WEEK ENDING	TOTAL HOURS FOR WEEK	TOTAL HOUR TO DATE	GROSS EARNINGS FOR WEEK	TOTAL GROSS EARNINGS TO DATE	TOTAL DEDUCTIONS FOR WEEK	NET EARNINGS FOR WEEK	DEDUCTIONS FROM GROSS EARNINGS			
							FEDERAL INCOME TAX	SOCIAL SECURITY	LOCAL TAXES	STATE INCOME TAX
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
TOTAL										

STARTING HOURLY RATE

COLUMBIA-MONTOUR AREA VOCATIONAL-TECHNICAL SCHOOL

COOPERATIVE HEALTH OCCUPATIONS

TRAINING STATION RECORD

STUDENT NAME______________________________ MONTH____________

HOME PHONE______________________________

EMPLOYER______________________________

EMPLOYER PHONE______________________________

WK	S	M	T	W	T	F	S	TOTAL HOURS
1								
2								
3								
4								
5								

Number of days absent this month________________

Number of times tardy this month________________

VISUAL MASTERS ON HUMAN ANATOMY		J. Weston Watch Box 658 Portland, ME 04104
THE RECEPTIONIST	Wood/McKenna	Greg Division McGraw/Hill
DIABETICS NORMAL VALUES	(Free)	Eli Lilly Co.
STUDENT"S WORKBOOK FOR LEARNING MEDICAL TERMINOLOGY	Young	C. V. Mosby
TEACHERS TEXTBOOK	"	"

(1)$10.00 and $12.75 (2) Free films (3) Free tapes, scripts & Transcripts 10.50.

Educational Guide to free filmstrips
28th annual edition 1976
Educators Progress Service, Inc.
Randolph, WI 53956

Professions Accounting
A Business Simulation
South-Western Publishing Co.
Cincinnati, OH

Clerical Office Typing - Basic Skills
Lessenberry-Crawford-Erickson
South-Western Publishing Co.

The Master Teacher
Leadership Lane
Manhatten, KS 66502

Basic Medical Terminology
Career Aids, Inc. Tape 1 or 2

Career Aids, Inc. - 229 North Central Ave, Glendale, CA 91203
(1) Ethics for the nsg. asst.
(2) The nsg. team and the law
(3) Health and safety:
    Maintaining A Clean Environment

--Request Publication List--

The Story of Health - A catalog of films and publications
Pharmaceutical Manufactures Association
Dept. SH. 1155 - 15th St.
NW Washington, D.C. 20005

50 Word Games for Health Classes
by Ruth Price
J. Weston Walch, Publisher
Portland, ME 04104

Uni-Temp
Don Ross
General Medical
Harrisburg, PA
Thermo

Language of Medicine
Chabner
Saunders - Publisher
W. Washington Sq.
Philadelphia, PA 19105

Brady's Programmed Orientation to Medical Terminology
Lippincott
Philadelphia, PA

Techniques for Producing Visual Instructional Media
Minor and Frye
McGraw Hill
New York, NY

A Metric Handbook for Teachers
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COLUMBIA MONTOUR AREA VOCATIONAL TECHNICAL SCHOOL

HEALTH OCCUPATIONS

LAB PRACTICE SHEET FOR FINAL MARKING PERIOD

INSTRUCTIONS: You will find listed below a list of 9 patient care situations. During this final marking period, you should complete one situation each week. Please follow all instructions very carefully. Your grade will depend on the following items:

1. organization of your work.
2. attitude of nursing assistant and patient.
3. knowledge of procedure when questioned.
4. personal appearance.
5. finished product.
6. clean up of work station.

Please keep this sheet as it is the only record of your work.

CASE #1: Mrs Smith - 65-Dx - hysterectomy - Complete AM care - abdominal binder oob → B.R. - V.S. @ 10AM Leave patient oob c̄ freshly made unit and report to charge nurse.

CASE #2: Mrs. Jones - 42 - Dx - varicose viens (R) leg. Patient is on surgical schedule for 9AM next day - she needs pre op instructions and a skin prep of (R) leg. Prepare for OR, transfer → stretcher. Make a post op bed.

CASE #3: Mrs. Derr - 72 - Dx C H F (congestive heart failure) - complete AM care Bedrest - Nasal O_2 6l/m - Vital signs @ 10AM - Leave in position of comfort for dyspneic patient.

CASE #4: Mrs. Myers - 69 - Dx CVA (cerebro - vascular accident - stroke) - paralysis (R) side - Incontinent - decubetae on (R) hip - Prevent contractures (R) side - Bedrest. Complete morning care.

CASE #5: Mrs. Larish - 60 - Dx terminal CA Comatose - Complete AM care - catheter → closed drainage - I.V. (R) forearm - decubetae on sacral spine area - special mouth care - Bedrest.

CASE #6: Mrs. Rudy - 32 - Dx - TB - Respiratory isolation - patient is allowed oob spectrum spec. → lab - remove trash and linen and take TPR.

CASE #7: Mrs. King - 56 - Varicose ulcers both legs - assist c̄ AM care - ace wraps → (R) leg warm moist soaks → L. Calf. Cradle bed (occupied).

CASE #8: Mrs. Snyder - 70 - Dx Back injury from fall - possible fractured T3. Keep bed flat - Log roll - may use small pillow. Complete AM care - no back rub above waist - Occupied bed c̄ foot board.

CASE #9: Mrs. Kitchen - 27 - Dx concussion p̄ auto accident - confused - restrain when oob - Complete AM care - Vital signs q.1.h. oob wheelchair skull films this AM - Open bed - Return pt. → bed p̄ X-rays.

Building Your Medical Vocabulary

Directions: Read the 10 definitions given below; then for each definition select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. fever
b. inflammation
c. infection
d. cancer
e. pneumonia
f. fracture
g. anatomy
h. swelling
i. contagious
j. antibiotic

Definition

1. An abnormal enlargement of the body tissue 1. ____
2. A substance that destroys certain micro-organisms 2. ____
3. Swelling, redness, and pain in the tissues as a reaction to an injury 3. ____
4. An increase in body temperature 4. ____
5. A malignant growth 5. ____
6. The study of the structure of the body 6. ____
7. A break of a bone 7. ____
8. Inflammation of the lungs 8. ____
9. The process of spreading a disease from one person to another 9. ____
10. A disease caused by bacteria, fungi, or protozoa. 10. ____

For each of the following sentences select from the list above the word to replace the question mark. Write this word in the answer space.

11. A bad cold is often accompanied by ? . 11. ____________
12. As the patient suffered from an inflammation of the lungs, the doctor prescribed an ? . 12. ____________
13. A knowledge of ? is a requisite for the study of medicine. 13. ____________
14. Scarlet fever is a ? disease. 14. ____________
15. The patient fell and sustained a ? of the hip. 15. ____________
16. A cold if not treated properly may develop into ? . 16. ____________
17. Appendicitis means an ? of the appendix. 17. ____________
18. To prevent an ? , open wounds must be cleaned and covered. 18. ____________
19. ? represents the third cause of deaths in the United States. 19. ____________
20. At the site of an injury a ? frequently occurs. 20. ____________

NAME ______________________ DATE __________

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

21. arthritis
22. dermatitis
23. gastritis
24. nephritis
25. phlebitis
26. tonsillitis
27. encephalitis
28. meningitis
29. hepatitis
30. laryngitis

	Definition	Shorthand Outline
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Copy the following words in the answer column. Insert hyphens where needed to indicate points of word division.

31. appendicitis ______________________
32. peritonitis ______________________
33. neuritis ______________________
34. pancreatitis ______________________
35. angiitis ______________________

Building Your Medical Vocabulary

Directions: Read the 10 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. virus
b. stroke
c. malignant
d. indigestion
e. penicillin
f. diagnosis
g. chronic
h. symptom
i. congenital
j. psychogenic

Definition

1. An antibiotic drug 1. ______
2. Symptoms that are of psychic origin 2. ______
3. Of long duration 3. ______
4. A minute microorganism 4. ______
5. Tending to cause death 5. ______
6. Gastric discomfort or upset 6. ______
7. Existing from birth 7. ______
8. The visible sign of a disease 8. ______
9. Determination of the type of disease 9. ______
10. Hemorrhage or blood clot in the brain 10. ______

Complete the following sentences by replacing the question mark with the correct term from the above list. Write this term in the answer space provided.

11. Cancer is a ? disease. 11. ____________________
12. A cough, if not properly taken care of, may become ? . 12. ____________________
13. Clubfoot is a ? condition. 13. ____________________
14. Small red spots is one of the ? of measles. 14. ____________________
15. Eating a heavy meal gives certain people ? . 15. ____________________
16. After the doctor has examined the patient, he makes a ? . 16. ____________________
17. Poliomyelitis is caused by a ? . 17. ____________________
18. Headaches may be of ? origin. 18. ____________________
19. ? is the antibiotic of choice in pneumonia. 19. ____________________
20. People suffering from high blood pressure are in danger of having a ? . 20. ____________________

NAME ______________________________ DATE ______________

For each of the following terms, write its definition and shorthand outline in the answer spaces provided.

Terms

21. adenectomy
22. cholecystectomy
23. hypophysectomy
24. hysterectomy
25. nephrectomy
26. thyroidectomy
27. appendectomy
28. cystectomy
29. ovarectomy
30. tonsillectomy

	Definition	Shorthand Outline
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		

Copy the term in the left-hand column into the answer column, inserting hyphens where needed to indicate the proper points of word division.

31.	adenectomy	31.	______________________
32.	cholecystectomy	32.	______________________
33.	hypophysectomy	33.	______________________
34.	thyroidectomy	34.	______________________

35. Give the meaning of the word ending *-ectomy.*

____

ADDRESS ____ INSURANCE ____ DATE ____

TEL. NO. ____ REFERRED BY ____ OCCUPATION ____ AGE ____ SEX ____ S. M. W. D.

FAMILY HISTORY: ____

PERSONAL HISTORY ____

PRESENT AILMENT: ____

MENSTRUATION: FIRST AT AGE ____ DAYS INTERVENING ____ DAYS DURATION, AMOUNT ____ PAINS ____

LAST PERIOD ____ AMENORRHEA ____ MENORRHAGIA ____ DYSMENORRHEA ____ MENOPAUSE ____

VAGINAL DISCHARGE: COLOR ____ CHARACTER ____ AMOUNT ____

VESICLE SYMPTOMS ____ GASTRO-INTESTINAL SYMPTOMS ____

OBSTETRICAL RECORD: ____

PHYSICAL EXAMINATION: TEMP. ____ PULSE ____ RESP. ____ BLOOD PRESSURE ____ WEIGHT ____ HEIGHT ____

HEART ____ LUNGS ____ LIVER ____ SPLEEN ____ ABDOMEN ____ LOWER EXTREMITIES ____ REFLEXES ____

PERINEUM ____ ANUS ____ VULVA ____ VAGINA ____

CERVIX ____ UTERUS ____

LABORATORY FINDINGS: ____

DIAGNOSIS: ____

TREATMENT: ____

REMARKS:

HISTACOUNT® GYNECOLOGY FORM NO. 1125

PROFESSIONAL PRINTING COMPANY, INC., NEW HYDE PARK, N. Y.

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. cough
b. laryngitis
c. tonsillectomy
d. migraine
e. ophthalmologist
f. physical therapy
g. X-ray pictures
h. acute
i. pulse
j. nausea
k. shingles
l. retina
m. eardrum
n. intestines
o. rupture

Definition

1. Being severe but of short duration 1. ____
2. A sudden violent expulsion of air and perhaps mucous 2. ____
3. Inflammation of the larynx 3. ____
4. A membrane in the ear 4. ____
5. Feeling "sick" to the stomach 5. ____
6. Severe, recurring headache 6. ____
7. The ending of the optical nerve that perceives light 7. ____
8. A virus infection with blisters, herpes zoster 8. ____
9. Removal of tonsils 9. ____
10. The rhythmic contractions of an artery 10. ____
11. A doctor who specializes in the treatment of eye conditions 11. ____
12. The digestive tube from the stomach to the anus 12. ____
13. A photographic film obtained by roentgen rays 13. ____
14. Protusion of a part or an organ through an abnormal opening 14. ____
15. Treatment by physical means 15. ____

NAME ____ DATE ____

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. gastralgia
17. gastrectomy
18. gastritis
19. gastroenterology
20. gastrogavage
21. gastrojejunal
22. gastrolavage
23. gastrology
24. gastroplegia
25. gastroptosis
26. gastroscopy
27. gastrostomy

	Definition	Shorthand Outline
16.	____________	____________
17.	____________	____________
18.	____________	____________
19.	____________	____________
20.	____________	____________
21.	____________	____________
22.	____________	____________
23.	____________	____________
24.	____________	____________
25.	____________	____________
26.	____________	____________
27.	____________	____________

Copy the term in the left-hand column into the answer column, inserting hyphens where needed to indicate the proper points of word division.

28. gastrojejunal	28. ____________
29. gastritis	29. ____________
30. gastrectomy	30. ____________
31. gastroscopy	31. ____________
32. gastroenterology	32. ____________

Complete the following sentences by writing the correct term in the answer spaces provided.

33. The word ending *-ectomy* means ____________.

34. The word ending *-itis* means ____________.

35. The word beginning *gastro-* means ____________.

3. Dr. Taylor asks you to write to the Riverdale Convalescent Home, Elm Street, Riverdale, New York, N.Y. 10471, to make reservations for Miss Jane Walter. Miss Walter wants to have a room with bath on the first floor and Dr. Taylor understands the charge for this to be $175 a week. Miss Walter expects to stay an indeterminate time, but wants to know when the room is available. Write the letter over your own signature, using a letterhead provided and fold the letter for insertion in appropriate envelope.

4. The Riverdale Convalescent Home has replied, saying that such a room as Miss Walter wants would be available for Saturday, March 17, but that the charge will be $185. Write to Miss Walter at 45 East 50 Street, Centerville, N.Y. 14029, giving her this information. Use the letterhead provided on page 25 and fold for insertion in appropriate envelope.

5. Miss Walter has telephoned to you saying that she will accept this room and will drive out to the Home on the day mentioned. Write to the Home and advise them accordingly. Fold letter for insertion in appropriate envelope.

6. During Dr. Taylor's absence in California, Miss Walter, who had been well on the way to recovery, had a relapse. How would you communicate with Dr. Taylor? Write out your communication.

____

____

7. Dr. Taylor telephones you that he will drive out to visit Miss Walter the following Wednesday and asks you to notify the Home accordingly. How would you go about this?

____

____

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. ague
b. brain fever
c. consumption
d. cut
e. high blood pressure
f. housemaid's knee
g. infantile paralysis
h. miscarriage
i. sleeping sickness
j. stroke
k. fit
l. womb
m. boil
n. grippe
o. St. Vitus dance

Definition

1. Bursitis of the knee 1. _____
2. Apoplexy 2. _____
3. Uterus 3. _____
4. Abortion 4. _____
5. Hypertension 5. _____
6. Meningitis 6. _____
7. Laceration 7. _____
8. Influenza 8. _____
9. Chorea 9. _____
10. Poliomyelitis 10. _____
11. Encephalitis 11. _____
12. Recurrent chill 12. _____
13. Tuberculosis 13. _____
14. Convulsion 14. _____
15. Furuncle 15. _____

NAME ______________________________ DATE ____________

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. psychalgia
17. psychiatry
18. psychogenic
19. psychogenesis
20. psychology
21. psychopath
22. psychopathology
23. psychopharmacology
24. psychosis
25. psychosomatic
26. psychotherapy
27. psychotic

	Definition	**Shorthand Outline**
16.	______________________________	______________
17.	______________________________	______________
18.	______________________________	______________
19.	______________________________	______________
20.	______________________________	______________
21.	______________________________	______________
22.	______________________________	______________
23.	______________________________	______________
24.	______________________________	______________
25.	______________________________	______________
26.	______________________________	______________
27.	______________________________	______________

Copy the term in the left-hand column into the answer column, inserting hyphens where needed to indicate the proper points of word division.

28. psychogenic **28.** ______________

29. psychopathology **29.** ______________

30. psychotherapy **30.** ______________

31. psychiatry **31.** ______________

32. psychopharmacology **32.** ______________

Complete the following sentences by writing the correct term in the answer spaces provided.

33. The word beginning ***psych-*** means ______________________________.

34. The word ending ***-otomy*** means ______________________________.

35. The word ending ***-ostomy*** means ______________________________.

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the space provided.

a. febrile
b. hernia
c. femur
d. lavage
e. patella
f. anesthesia
g. tibia
h. geriatrics
i. humerus
j. alimentary
k. pregnancy
l. diabetes
m. quarantine
n. expectoration
o. antitoxin

Definition

1. Pertaining to nutrition 1. ______
2. Being with child 2. ______
3. Absence of feeling or sensation 3. ______
4. A substance capable of neutralizing a certain toxin 4. ______
5. Feverish 5. ______
6. Spitting 6. ______
7. Study of old age and its diseases 7. ______
8. Detention of persons with a communicable disease 8. ______
9. Protrusion of part of an organ or tissue through an abnormal opening 9. ______
10. A disease characterized by increased secretion of urine 10. ______
11. The bone of the upper arm 11. ______
12. The thigh bone 12. ______
13. The shin bone 13. ______
14. The kneecap 14. ______
15. Irrigation 15. ______

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. tracheotomy
17. septotomy
18. nephrotomy
19. lobotomy
20. tenotomy
21. pubiotomy

Definition **Shorthand Outline**

16. ______________________________ ______________
17. ______________________________ ______________
18. ______________________________ ______________
19. ______________________________ ______________
20. ______________________________ ______________
21. ______________________________ ______________

NAME ______________________ **DATE** __________

Terms

22. cystotomy
23. laparatotomy
24. myotomy
25. gastrotomy

	Definition	Shorthand Outline
22.		
23.		
24.		
25.		

As indicated by ellipses, letters are missing in the terms given below. Write the complete term in the answer space at the right.

26. conval . . . . ence	26.	
27. cont . . . . gious	27.	
28. expect . . . . ation	28.	
29. diag . . . . sis	29.	
30. anam . . . . sis	30.	
31. anes . . . . sia	31.	
32. alim . . . . ary	32.	
33. pregn . . . . cy	33.	
34. menin . . . . tis	34.	
35. auto . . . . sy	35.	

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

- **a. caduceus**
- **b. delirium**
- **c. analyze**
- **d. hematology**
- **e. expectorant**
- **f. abrasion**
- **g. adrenal**
- **h. arteriosclerosis**
- **i. ablution**
- **j. coagulation**
- **k. epidermis**
- **l. tendon**
- **m. dorsal**
- **n. sclera**
- **o. ocular**

Definition

1. Cleansing 1. ______

2. Outer layer of the skin 2. ______

3. Scraping off of the skin 3. ______

4. Near the kidney 4. ______

5. Fibrous end of a muscle 5. ______

6. The hard white part of the eye 6. ______

7. Resolution into component parts 7. ______

8. Hardening of arteries 8. ______

9. Staff of Mercury entwined with serpent (symbol of medicine) 9. ______

10. Pertaining to the eye 10. ______

11. Thickening, forming a clot 11. ______

12. Disturbance in orientation 12. ______

13. An agent promoting the ejecting of sputum 13. ______

14. Study of the blood 14. ______

15. Pertaining to the back 15. ______

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. carcinoma

17. glaucoma

18. glioma

19. sarcoma

20. myoma

21. hematoma

	Definition	Shorthand Outline
16.	______	______
17.	______	______
18.	______	______
19.	______	______
20.	______	______
21.	______	______

NAME ______________________ DATE ______________

Terms

22. fibroma
23. adenoma
24. myeloma
25. papilloma
26. lymphoma
27. hepatoma

Definition **Shorthand Outline**

22. ____ ________________
23. ____ ________________
24. ____ ________________
25. ____ ________________
26. ____ ________________
27. ____ ________________

Each of the following definitions is either true or false. If the definition is true, circle the T; if it is false, circle the F.

	Definition		
28. peritonitis	Inflammation of the kidney	T	F
29. phlebitis	Excision of a vein	T	F
30. dermatitis	Inflammation of the skin	T	F
31. thyroidectomy	Disease of the thyroid	T	F
32. appendectomy	Inflammation of the appendix	T	F
33. gastroptosis	Dropping of the stomach	T	F
34. psychosis	Study of the psyche	T	F
35. hernia	Protrusion of part of an organ through abnormal opening	T	F

DATE ____________

PATIENT'S NAME ________________________

ADDRESS ________________________

SERVICES RENDERED	FEE	V
CONSULTATION		
X RAY		
INJECTION		
SURGERY		
DIATHERMY		
LABORATORY		
DRUGS		
TOTAL		

NEXT APPOINTMENT ________________________

PLEASE LEAVE WITH RECEPTIONIST

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. mastoiditis
b. olfaction
c. rhinitis
d. auditory
e. cerumen
f. pharynx
g. septum
h. trachea
i. bronchi
j. coryza
k. epistaxis
l. otologist
m. tympanum
n. audiogram
o. tinnitus

Definition

1. The eardrum 1. ______
2. A ringing in the ear 2. ______
3. The windpipe 3. ______
4. Inflammation within the mastoid process 4. ______
5. The sac between the mouth, nose, and esophagus 5. ______
6. Ear wax 6. ______
7. The sense of smell 7. ______
8. Inflammation of the nasal mucous membranes 8. ______
9. Pertaining to the sense of hearing 9. ______
10. The common cold 10. ______
11. Chart of hearing ability 11. ______
12. The two main branches of the trachea 12. ______
13. Partition between the two nasal cavities 13. ______
14. Nosebleed 14. ______
15. Specialist in diseases of the ear 15. ______

NAME ______________________________ DATE ____

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. cholecystostomy
17. thoracostomy
18. jejunostomy
19. gastrostomy
20. cystostomy
21. ileocolostomy
22. esophagostomy
23. sigmoidostomy
24. choledochostomy
25. enterostomy

	Definition	Shorthand Outline
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		
25.		

Underline the prefixes or suffixes in the following terms and write the meanings of the terms in the answer spaces provided.

26. gastrolavage ____________________
27. psychosis ____________________
28. hematology ____________________
29. hyperalgia ____________________
30. neurosurgery ____________________
31. appendicitis ____________________
32. otoscope ____________________
33. nephrotomy ____________________
34. cystectomy ____________________
35. fibroma ____________________

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

- a. uterus
- b. hypertension
- c. embolism
- d. axilla
- e. poliomyelitis
- f. artery
- g. vein
- h. coronary
- i. hemorrhoids
- j. myopia
- k. neuritis
- l. hysterectomy
- m. gastrostomy
- n. psychogenic
- o. psychosomatic

Definition	Answer
1. Obstruction in an artery	1. ____
2. The armpit	2. ____
3. Removal of uterus	3. ____
4. Pertaining to mind and body	4. ____
5. The womb	5. ____
6. High blood pressure	6. ____
7. Infantile paralysis	7. ____
8. Inflammation of a nerve	8. ____
9. Opening into the stomach	9. ____
10. Pertaining to the arteries surrounding the heart	10. ____
11. Piles	11. ____
12. Of mental origin	12. ____
13. A vessel conveying blood from the heart	13. ____
14. Nearsightedness	14. ____
15. A vessel carrying blood to the heart	15. ____

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. hypoacidity
17. hypernutrition
18. hypodermis
19. hyperthyroidism
20. hypoglossal
21. hypertrophy

Definition	Shorthand Outline
16. ____________________	____________
17. ____________________	____________
18. ____________________	____________
19. ____________________	____________
20. ____________________	____________
21. ____________________	____________

NAME ______________________ DATE ____________

Terms

22. hypothyroidism
23. hyperemia
24. hyperplasia
25. hypoadrenia

	Definition	Shorthand Outline
22.		
23.		
24.		
25.		

Each of the following abbreviations is either true or false. If the abbreviation is true, circle the T; if it is false, circle the F.

26.	blood pressure	B.P.	T	F
27.	cubic centimeter	cc.	T	F
28.	intelligence quotient	I	T	F
29.	negative	neg.	T	F
30.	fluid ounce	fld. oz.	T	F

In the answer space provided, list a medical term for each of the following suffixes.

31. -algia 31. ____________________
32. -gram 32. ____________________
33. -ology 33. ____________________
34. -oma 34. ____________________
35. -itis 35. ____________________

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition, select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. sacrum
b. ilium
c. sacroiliac
d. aorta
e. pertussis
f. conjunctivitis
g. streptococci
h. gall stone
i. ovary
j. sterility
k. dorsiflexor
l. pruritus
m. acne
n. Colles fracture
o. diathermy

Definition

1. The largest artery of the body, arising from the heart. 1. ____
2. Female sex gland producing ova (eggs) 2. ____
3. Break above the wrist joint 3. ____
4. Solids found in the gall bladder 4. ____
5. Inability to have children 5. ____
6. An electric current used therapeutically to produce heat in the body tissues 6. ____
7. The lowest bone of the spine forming the back of the pelvis 7. ____
8. The muscle that bends the foot toward the leg 8. ____
9. One type of microorganism causing disease 9. ____
10. Part of the hip bone 10. ____
11. Itching 11. ____
12. Pimples 12. ____
13. Whooping cough 13. ____
14. "Pink eye" 14. ____
15. Pertaining to sacrum and ilium 15. ____

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. neuralgia
17. neurosis
18. neurosyphilis
19. neuritis
20. neurocyte
21. neurogenic

Definition	Shorthand Outline
16. ____	____
17. ____	____
18. ____	____
19. ____	____
20. ____	____
21. ____	____

NAME ____ DATE ____

Terms

22. neurosurgery
23. neurology
24. neurasthenia
25. neuropathology

	Definition	Shorthand Outline
22.	____________________	____________
23.	____________________	____________
24.	____________________	____________
25.	____________________	____________

Underline the prefixes or suffixes in the following terms and write the meaning of the terms in the answer space provided.

26. myoma 26. ____________________
27. adenitis 27. ____________________
28. hemoglobin 28. ____________________
29. hypertrophy 29. ____________________
30. cardiology 30. ____________________
31. ganglioma 31. ____________________
32. ileostomy 32. ____________________
33. intravenous 33. ____________________
34. bronchoscopy 34. ____________________
35. subcutaneous 35. ____________________

Chairman of Membership committee reported that 11 members had joined the society and that three applications for membership were on file, to be voted on under new business.

Chairman of Program Committee outlined plans for the next six meetings, subjects to be discussed and some speakers selected. Suggestions for additional subjects and speakers were solicited. An informal discussion followed and the chairman was instructed to work out plans more definitely in accordance with suggestions made in the discussion and to report at the next meeting.

An increase in membership dues from $20 to $25 annually was proposed. No final action was taken.

A motion was offered to change the meeting date to the first Wednesday of the month. The motion was seconded and carried unanimously. The Secretary was instructed to advise all members of this change.

The three names of the applicants for membership were then offered for consideration. All were elected unanimously, and the secretary was instructed to notify each new member.

The meeting was then, upon motion, adjourned, at 10:45 p.m.

Signed by Recording Secretary and President

3. You completed a maturity profile in Chapter 1, pages 3 – 4. Check these charts again, placing your X's in the columns labeled b . On the first chart, draw a line connecting the X's to obtain your present maturity profile. Compare the charts with the earlier ones and observe carefully whether you find any improvement in your weak spots.

Building Your Medical Vocabulary

Listed at the left are terms used by lay people. Match these lay terms with the 15 medical terms by writing the correct letter of the lay term in the answer column.

a. belching
b. blood poisoning
c. fat
d. earache
e. hay fever
f. hives
g. clap
h. charley horse
i. curvature of spine
j. swelling
k. lockjaw
l. nearsightedness
m. vomiting
n. wheezes
o. floating kidney

Definition

1. Otalgia 1. ______
2. Urticaria 2. ______
3. Allergic rhinitis 3. ______
4. Obese 4. ______
5. Gonorrhea 5. ______
6. Eructation 6. ______
7. Septicemia 7. ______
8. A rupture or strain of a muscle 8. ______
9. Emesis 9. ______
10. Edema 10. ______
11. Tetanus 11. ______
12. Myopia 12. ______
13. Asthma 13. ______
14. Scoliosis 14. ______
15. Nephroptosis 15. ______

NAME ______________________ DATE ____________

In each of the following pairs of medical terms, one term is spelled incorrectly. Select the correct spelling of the word and write it in the answer column.

	Medical Term		**Answer**
16.	conjunctivitis	conjunctevitis	16.
17.	pertussis	perttussis	17.
18.	ophthalmlogy	ophthalmology	18.
19.	coronary	coronery	19.
20.	poliomyleitis	poliomyelitis	20.
21.	hermorrhoids	hemorrhoids	21.
22.	hypoesthesia	hypoestesia	22.
23.	intermittent	intermittant	23.
24.	rhinitis	rinitis	24.
25.	trachea	trachee	25.
26.	gastroptosis	gastroposis	26.
27.	psychosis	sychosis	27.
28.	phlebitis	flebitis	28.
29.	caduceus	caduceous	29.
30.	expectorant	expectorent	30.

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

31. hysterectomy
32. hysterology
33. hysteroptosis
34. hysteroscopy
35. hysteria

	Definition	**Shorthand Outline**
31.		
32.		
33.		
34.		
35.		

Building Your Medical Vocabulary

Directions: Read the 15 definitions given below; then for each definition select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. toxin
b. therapy
c. moribund
d. icterus
e. hormone
f. cortisone
g. septicemia
h. psychotherapy
i. psychoanalysis
j. pathologic
k. syndrome
l. cathartic
m. roentgenogram
n. luxation
o. rubella

Definition

1. Method of psychotherapy evolved by S. Freud 1. ______
2. Symptoms 2. ______
3. Poison 3. ______
4. Medication derived from adrenal cortical extract 4. ______
5. Dying 5. ______
6. Dislocation 6. ______
7. X ray 7. ______
8. Treatment 8. ______
9. German measles 9. ______
10. Pertaining to disease 10. ______
11. Jaundice 11. ______
12. Blood poisoning 12. ______
13. Secretion of endocrine glands 13. ______
14. Treatment of mental disease by oral means 14. ______
15. Laxative 15. ______

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. hemiatrophy
17. gastroplegia
18. hemiplegia
19. hemiopia
20. hemifacial
21. quadroplegia

Definition	Shorthand Outline
16. ______	______
17. ______	______
18. ______	______
19. ______	______
20. ______	______
21. ______	______

NAME ______ DATE ______

Terms

22. paraplegia
23. monoplegia
24. hemianesthesia
25. hemihyperesthesia

Definition	Shorthand Outline
22. ____________________	____________
23. ____________________	____________
24. ____________________	____________
25. ____________________	____________

The prefix ***ophthal-*** pertains to the eye (***ophthalmos***, Greek for eye). Using this prefix, form the following medical terms and write them in the answer spaces provided.

26. Study of diseases of the eyes	26. ____________
27. Inflammation of the eye	27. ____________
28. Excision of an eye	28. ____________
29. Instrument for measurement of the eye	29. ____________
30. Instrument for examination of the interior of the eye	30. ____________

Write the medical terms that have the opposite meaning from the ones listed below in the answer spaces provided.

31. convex	31. ____________
32. obese	32. ____________
33. hyposensitive	33. ____________
34. exacerbation	34. ____________
35. sedative	35. ____________

List three terms each using the prefixes *psych-*, and *neuro-*

36. ____________ ____________ ____________

37. ____________ ____________ ____________

List three terms each using the suffixes *-itis*, *-otomy*, *-algia*

38. ____________ ____________ ____________

39. ____________ ____________ ____________

40. ____________ ____________ ____________

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. dermatherm
17. dermatology
18. dermatalgia
19. dermatitis
20. xeroderma
21. scleroderma
22. pachyderma
23. leukoderma
24. dermatosis
25. staphyloderma

	Definition	Shorthand Outline
16.	____________________	____________
17.	____________________	____________
18.	____________________	____________
19.	____________________	____________
20.	____________________	____________
21.	____________________	____________
22.	____________________	____________
23.	____________________	____________
24.	____________________	____________
25.	____________________	____________

As indicated by ellipses, letters are missing in the terms listed below. Write the complete word in the answer column at the right.

26. otolar . . . gology 26. ____________________
27. anes . . . siology 27. ____________________
28. ger . . . ology 28. ____________________
29. ur . . . er 29. ____________________
30. os . . . ous 30. ____________________
31. d . . . stonia 31. ____________________
32. ca . . . act 32. ____________________
33. Urtic . . . 33. ____________________
34. Septi . . . mia 34. ____________________
35. scol . . . sis 35. ____________________
36. m . . . pia 36. ____________________
37. col . . . omy 37. ____________________
38. pol . . . ria 38. ____________________

NAME ____________________ DATE ____________

39. glyco . . . ria 39. ______________________

40. um . . . licus 40. ______________________

41. synd . . . me 41. ______________________

42. throm . . . sis 42. ______________________

43. leu . . . mia 43. ______________________

44. car . . . rsis 44. ______________________

45. ana . . . sis 45. ______________________

For each of the following terms, underline the suffix and explain its meaning. Then define the term.

	Meaning of Suffix	Definition of Term
46. Retroperitonitis	______________	______________________
47. Hemiplegia	______________	______________________
48. Endocarditis	______________	______________________
49. Ureterolithiasis	______________	______________________
50. Myomectomy	______________	______________________

Building Your Dental Vocabulary

Directions: Read the 15 definitions given below; then for each definition select from the column at the left the term that best matches it in meaning. Write the letter of this term in the spaces provided.

a. caries
b. incisors
c. pulp
d. Vincent's angina
e. gingivitis
f. glossitis
g. stomatitis
h. articulate
i. burnish
j. excavate
k. salivary calculus
l. scale
m. occlude
n. orifice
o. halitosis

Definition

1. Inflammation of the gum, pyorrhea 1. ______
2. To polish 2. ______
3. To bring the jaws together 3. ______
4. Decay of teeth 4. ______
5. Tartar 5. ______
6. To scoop out decay from a cavity 6. ______
7. Bad breath 7. ______
8. The upper and lower four front teeth 8. ______
9. To remove tartar 9. ______
10. The soft inner part of a tooth 10. ______
11. Inflammation of the soft tissues of the mouth 11. ______
12. An opening into an internal cavity 12. ______
13. To place the teeth into proper alignment 13. ______
14. Trenchmouth 14. ______
15. Inflammation of the tongue 15. ______

For each of the following terms write its definition and shorthand outline in the answer spaces provided.

Terms

16. periodontitis
17. dentin
18. dentalgia
19. dentistry
20. odontotomy
21. dentition

	Definition	Shorthand Outline
16.	______________________________	______________
17.	______________________________	______________
18.	______________________________	______________
19.	______________________________	______________
20.	______________________________	______________
21.	______________________________	______________

NAME ______________________________ DATE ______________

Terms

22. exodontia
23. odontoma
24. periodontal
25. odontalgia

	Definition	Shorthand Outline
22.		
23.		
24.		
25.		

In each of the following pairs of medical terms, one term is spelled incorrectly. Select the correct spelling of the word and write it in the answer column.

26.	**hepatic**	heppatic	26.
27.	**monocyte**	monosite	27.
28.	**chorea**	korea	28.
29.	**foruncle**	furuncle	29.
30.	**spondelitis**	spondylitis	30.
31.	**sinovitis**	synovitis	31.
32.	**migraine**	migrain	32.
33.	**penicillin**	penicilin	33.
34.	**congenital**	congenitle	34.
35.	**malignant**	malignent	35.

Below is a list of words that are often confused. Give the definition of each term.

36. addiction ______

adduction ______

37. alveus ______

alvus ______

38. amenorrhea ______

dysmenorrhea ______

39. antiseptic ______

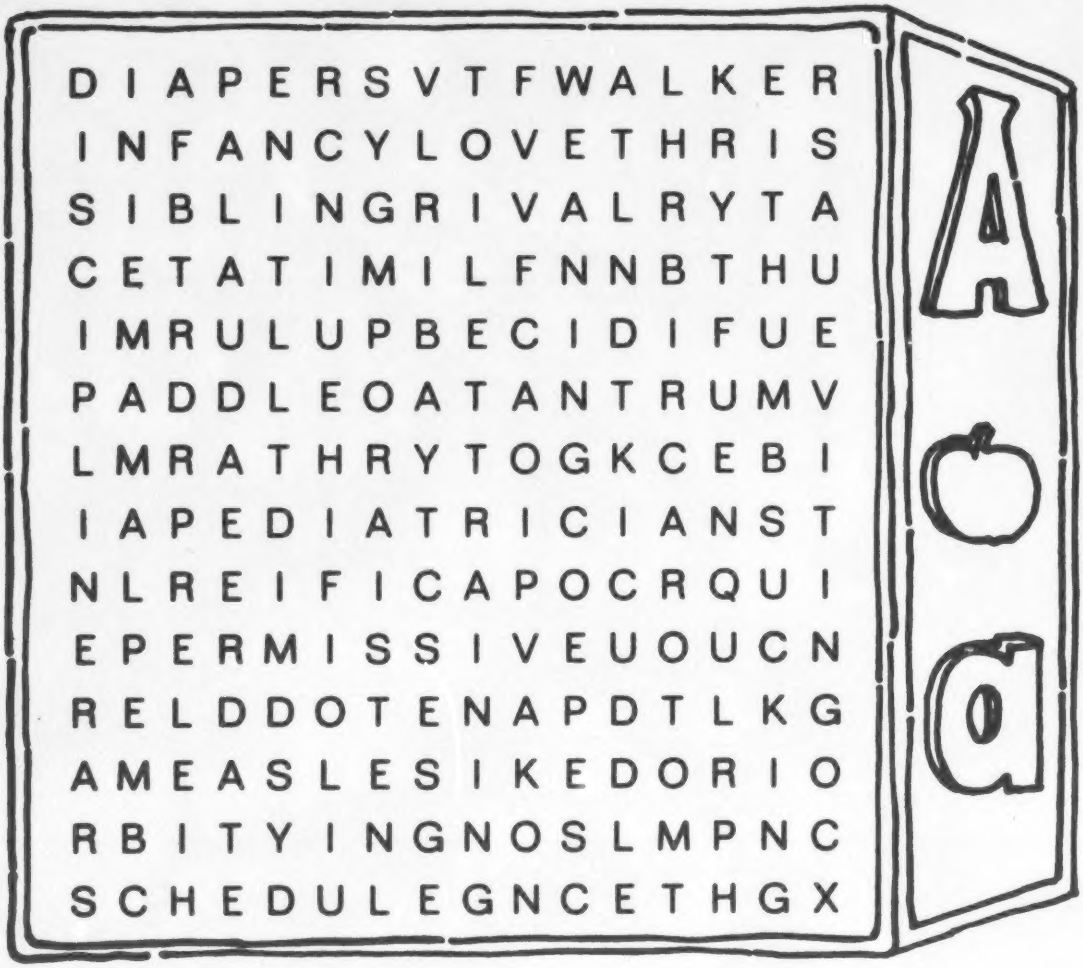
aseptic ______

FIRST AID SEARCH

```
P R E S S U R E P O I N T O B
O Z R O I N T M E N T E O R D
I N O R M A L I N L M Y U A R
S C O M P O U N D E E I R L E
O O T Q L A I K T P S S N O S
N N N U E L N I C E P A I H S
S C I N F E C T I O N L Q O I
A U L S R T A H I T H T U C N
I S P R A I N C S D B S E L G
R S S E C B E T H T O R T A D
E I E Z T S U N A T E T F J I
T O I U U O M A T C H R E T A
C N B A R A R T I F I C I A L
A Y A G E R M I C I D A L L S
B I R C I T P E S I T N A O E
```

1. Place on the body where bleeding can be controlled by pressing together bone and blood vessels. (8, 5)
2. A fatty, antiseptic cream applied to the skin for healing purposes. (8)
3. 98.6° F or 37° C is generally ________ body temperature. (6)
4. A broken bone that extends through the skin causing a wound in addition to the break is a ________ fracture. (8)
5. Invasion of the body by a harmful micro-organism that can cause illness or inflammation. (9)
6. The tearing or injury to tissue around a bone joint, often an ankle or knee. (6)
7. The infectious disease resulting from bacteria entering cut skin. (7)
8. To revive a drowning victim, administer ________ respiration immediately. (10)
9. The ingredient present in many antiseptics to combat the spread of germs. (10)
10. A chemical preparation that's applied to wounds to stop the spread of germs on the skin. (10)
11. A lighted ________ can sterilize a knife, tweezers, or other first aid tools. (5)
12. Many common household cleaners contain ________, that, when swallowed, can cause illness or even death. (7)
13. Harmful ________ are called germs; they're micro-organisms that cause infection when they enter the body. (8)
14. Impairment of the functioning of the brain caused by a violent blow or impact on the head. (10)
15. A stiff material, usually wood, that's tied in place over a broken bone to immobilize the area. (6)
16. A dangerous disease transmitted by dog bites. (6)
17. Rolled, sterile ________ is a handy bandaging item. (5)
18. A break in the bone alone, without damage to the skin. (6, 8)
19. A snake ____ should be treated very quickly by sucking out the venom. (4)
20. The loss of water and ______ through excessive perspiration can cause heat exhaustion. (4)
21. A wide strip of cloth that's used to control bleeding when wrapped tightly around an arm or leg. (10)
22. To bring down a high fever or sterilize an instrument, apply rubbing ________. (7)
23. A wad of sterile cloth bandaged to a wound to control bleeding. (8)
24. A substance used to induce vomiting after a poison has been swallowed. (6)
25. Damaged spot in tissue or skin caused by injury or disease. (6)
26. A condition brought on by physical injury or emotional upset in which the blood does not circulate normally. (5)
27. An injury in which the blood vessels beneath the skin are broken, causing the area to turn black and blue. (6)
28. Substance given to prevent or counteract the effects of poison. (8)
29. All first aid instruments must be made ________ to prevent spread of germs. (7)

CHILD CARE SEARCH



D I A P E R S V T F W A L K E R
I N F A N C Y L O V E T H R I S
S I B L I N G R I V A L R Y T A
C E T A T I M I L F N N B T H U
I M R U L U P B E C I D I F U E
P A D D L E O A T A N T R U M V
L M R A T H R Y T O G K C E B I
I A P E D I A T R I C I A N S T
N L R E I F I C A P O C R Q U I
E P E R M I S S I V E U O U C N
R E L D D O T E N A P D T L K G
A M E A S L E S I K E D O R I O
R B I T Y I N G N O S L M P N C
S C H E D U L E G N C E T H G X

1. To control behavior by gently punishing the bad and reinforcing the good. (10)
2. One of baby's first words. (4)
3. Teaching a child bladder and bowel control. (6, 8)
4. Transferring feeding from a bottle to a cup. (7)
5. A hugging or holding action that imparts a sense of security to a baby and increases sensory awareness. (6)
6. A type of skill in development that requires muscular coordination. (5)
7. A common oral habit of young children. (5, 7)
8. A baby's bed. (4)
9. This type of growth is the development of the ability to learn. (9)
10. The protection a baby wears around his bottom—most mothers today use the disposable form. (6)
11. A piece of equipment that helps steady a baby who is taking his first steps. (6)
12. The period in a child's life from birth until age two. (7)
13. The secret ingredient that helps a baby develop into a happy, healthy child; shown by gentle words, kissing, and tender touches. (4)
14. The natural jealousy that develops between brothers and sisters. (7, 7)
15. A child will often mimic or ______ his or her parents' actions. (7)
16. An old-fashioned tool of punishment; often used by stern parents or strict schoolteachers. (6)
17. A violent outburst of anger and hostility, occuring when a child loses his temper. (7)
18. A doctor specializing in the problems of infants, children. (12)
19. An artificial rubber nipple used to quiet a crying infant. (8)
20. A flexible, more relaxed approach to child-rearing and discipline. (10)
21. Youngster of 2 or 3 years of age who has learned to walk and is in an exploratory stage. (7)
22. An afternoon snooze for a sleepy baby. (3)
23. A common childhood disease characterized by a rash of red spots on the skin. (7)
24. ________ one's shoes is an example of manual dexterity in a five-year old. (5)
25. A regulation of feeding times for an infant. (8)
26. A babysitter must be ____ to the whereabouts of his or her charge. (5)
27. A mixture of milk, sugar, and water given to babies in a bottle. (7)
28. A scary feeling often associated with the dark, dogs, or water in youngsters. (4)
29. Sharp pains in a baby's intestines causing regular crying and discomfort. (5)
30. The enjoyable activity taking place with toys, games, and other equipment, by one or more children. (4)

1970

DICTIONARIES

No.	Author	Title
1	Blackiston's	New Gould Medical Dictionary
2	Webster New World	Dictionary of the American Language
2	Miller and Keane	Enc. and Dict. of Medical and Nursing
1	Johnson	Medical Spelling Guide
1	Petry	The Encyclopedia of Nursing
1	Tabler's	Medical Dict. a digest of Med. subjects
12	Tabler's	Cyclopedic Medical Dictionary

COUNSELING

1	Fulmer	Content and Progress
1	Harcourt	Guidance Services in the Modern world

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#2
1976

No.	Author	Title
3	Lawson and Fog	A Tectbook for Medical Assistants
4	Young and Barger	Learning Medical Terminology Step by step
1	Frederick and Kinn	The Medical Office ass't. Adm. and clincal
2	Frederick and Kinn	The Office Assistant in Medical Practice
1	Bredow	Medical Secretarial Procedures
1	Bredow	The Medical Assistant
10	Silverthorn and Perry	World Division Manual

WORK BOOKS

1	Wood and Mc Kenna	The receptionist
3	Brady's	Programmed Medical Terminology
1	Bredow	Medical Office Procedures
1	Bredow and Cooper	Instructors Guide for the Medical Assit.
3	F.C.A.V.T.S.	Employer- Employee Relations - Job Services
1	Keily and Walters	How to find and apply for a job

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Business

#3
1976

No.	Author	Title
1	Russon	Business Behavior
1	Century 21	The accounting Cycle
1	Boyton - Carlson Forkner - Swanson	Bookkeeping and Accounting
1	20th Century	Typewriting
5	Lessenberry	Clerical Office typing

No.	Author	Title
2	NERT	Being a Ward Clerk
1	NERT	Being a Food Service Worker
1	Edward and Cimmio	Labaratory Techniques for High School
1	NERT	Being a Nursing Aide
4	P.N. School	Procedures Manuals - loose leaf
1	Knoldler	Manual for the Nurese Aide
1		Instructors Guide- Fundamental Nursing
1	Stryker	The Hospital Ward Clerk
1	Chambe Hosp.	Nurses aide and Ward Clerk teaching material
1	Abdallah	Nurses Aide Study Manual
1	Leake	Manual- Simple Nursing Procedures

15
1976

No.	Author	Title
2	Mosby	Textbook of Anatomy and Physiology

250 Laboratory 1976

No.	Author	Title
1	Lynch	Med. Laboratory technology and clinical patholog
1	Bailey and Scott	Diagnostic Microbiology
1	Ferris	Microbiology for the Nurse
1	Ortho	Blood Group Antigens
1	Young and Barger	Medical Specialty Terminology
		Work Book
1		Laboratory techniques

Nutrition 1976

No.	Author	Title
1	Mitchell	Cooper's Nutrition in Health and Disease
1	Robinson	Basic Nutrition and Diet therapy
1	Shackelton	Practical Nurse Nutrition Education
1	Townsend	Nutrition and Diet Modifications for the Nurse
1	Conason	The Salt Free Diet Cookbook
1		Instructors Guide loose leaf

Psychology and Psycheatry

1976

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No.	Author	Title
1	Munn	Psychology
1		Aspects of Anxiety
1	Zoethout	Textbook of Psychology
1		Diagnostic and Statistical Manual of Mental Disorders
1	Hofling	Basic Psychiatric Concepts in Nursing
1	Robinson	The Psychiatric Aide

Nursing - General 19

No.	Author	Title
1	Rapier	Practical Nursing
2	Cherescavich	A Textbook for Nursing Assistants
1	White	Fundamentals- The Foundation of Nursing
1	Smith and Gips	Care of the Adult Patient
1	Bregman	Assisting the health team
2	Jodais	Personal Care of Patients
1	Cardew	Study guide for Clinical Nursing
1	French	Dynamics of Health care
1	H E W.	Emergency Health Services Bioliography
1	Cotton8	Aide for Doctors Aide
1	Red Cross	Home Nursing
1	Red Cross	Just Aide
1	Rusk	Living with a Disability
1		With these Hands- Pa. Assoc. Blind

No.	Author	Title
2	Skinner - Phillips	Science of Dental Material
1	Schwargroch	Effective Dental Assisting
1	Braver	Dentistry for children
1	Parker	Complete Dental Ass't Sec't. and Hygienist HB.
1	Marrison	In the Dentists office
1	True	Operative Dentistry
1	Boucher	Current Clinical Dental Terminology
1	Wheeler	Tect. Of Dental Anatomy and Psysiology
1		Accepted Dental theraperetics 1969 - 70
1		Dental Hygience Examination Reveiw
1		Guide to Dental Materials and Devices
1	Castano	Handbook of expanded Dental Auxiliary Practice
1	Simon	Clinical Dental Assisting
3	Park and Ashman	Textbook for Dental assistants
1	Wuehrmaun	Dental Radiology
1	Wolfson	Four handed dentistry for dentists and ass't.
1	Peterson	A Dentist and His Assistant
1	A.D.A.	Teeth Health and apperance
1		Manual of Local Anesthesia
1	Massler	Atlas of the Mouth
1		Study Guide -LOOSE LEAF
1		Office Manual -LOOSE LEAF

Operating Room Tech. 1970

No.	Author	Title
1	M.K.	Surgical Clinics N.A.
1	M.K.	Surgical Practice of the Lakey Clinic
1	Alexander	Care of Patient in Surgery inc. Tech.
1	Margarit Barns	Teaching the Operating Room Tech.'
1	Ethicon	Manual Of Operative Procedures
1	Sister M.K. Louise	The operating room technesian
		Pediatrics
1	Brigley	Pediatrics for the Practical Nurse
		Maternity
1	Doris Bithea	Introductory Maternity Nursing
		Human Behavior
1	Milliken	Understanding human Behavior

No.	Author	Title
1	Minor - Frep	Tech. For Producing Visual Instructional Media
1	Braver	The Dental Assistant
1	Williams	Accident Previntion Manual for Shop Teachers
1	Bassett	Business Filling and Recording Control
1	Turner	Personal and Community Health
1	Nemir	The School Health Program
1	Micheels	Measuring Educational Achievement
1	Bredon and Cooper	Medical Assistant
1	Richardson	The Dental Assistant
1		Metric Handbook for Teachers

Drug Reference Books 1976

No.	Author	Title
1	Brill	Major Modalities in treatment of Drug Abuse
1	Banks	Teaching Ethnic Studies
1	Raths	Values and teaching
1	Simon	Values Classification
1	Praege	Dealing with Drug Abuse
3	Bloom	Taxonomy of Educational Objectives
		Handbook I -- Cognitive domain
3	Krathwoll	Taxonomy of Educational Objects
		Handbook II -- Affective Domain
2	Mager	Preparing Instructional Objectives
1	Brecker	Lecit and Illicib Drugs
1	Jones	Drugs and Alcohol
1	Lingiman	Drugs from A-Z a Dictionary
1	Blum	Horatio Algers' Children

PDE WORKING PAPER
Charlotte G. Garman

INTRODUCTION

An examination of the characteristics of children at any age level reveals many important needs and implications which can be used for designing effective early childhood programs. Persons working with children at any given age need to know what to expect of children of that age. What, for example, are children of two like? What can they do? What physical provision or protection do they need? What kinds of experiences will stimulate them intellectually? Children are sufficiently alike at a given age so that knowledge of the average ability of any specific age group is extremely necessary.

This material is based on norms of behavior and development for ages one through three. It should be read with the awareness that children are different and that each child is a unique individual. Finally, the characteristics should be used as a general guide in thinking about children, not as a specific rule for judging individual children.

ONE YEAR OLD

Motor Characteristics	Language	Personal - Social Behavior
Creeps and climbs. Can pull self up to sitting position. Can stand but usually prefers to be on hand and knees. Toward end of first year can hold a cup and may use a spoon clumsily. Likes to help pull off socks at bed time (although considerable time might be spent in trying to put them back on). Delights in picking up little things and dropping them again.	- Listens intently to words; if urged, tries to repeat and imitate familiar words. - Begins to suit action to words; surrenders a ball in obedience to the command, "Give it to me." - Attracts attention by a cough, squeal or words.	- Has acquired considerable social status in the family group; frequently is the center of the group. - Shows a significant tendency to repeat performance if laughed at; pleases self as much as audience. - Through such situations, begins dimly to feel own self-identity. - Is now capable of unmistakable fear, anger, affection, jealousy, anxiety, and sympathy. - May be credited at this point with an elementary aesthetic sense. - Responds to music. - Likes single, repetitive, rhythmically accentuated sounds. - Laughs at surprise sounds and at startling incongruities. - Becomes somewhat more self-dependent in domestic behavior. - Feeds self with fingers; rubs the spoon across the tray and licks it.

ONE YEAR OLD

Motor Characteristics	Language	Personal - Social Behavior
		- Usually has regularized bowel movements. - Cooperates in dressing. - If necessary, takes vocal or other means to elicit attention. - Displays considerable perception of the emotions of others and a growing capacity to influence and adjust to these emotions.

EIGHTEEN MONTHS OLD

Motor Characteristics	Language	Personal - Social Behavior
as gained at least a partial command f legs. urries with a stiff, propulsive force, hich is not true running but is etter than walking or toddling. an seat self on a child's chair ith fairly accurate aim. an climb into an adult chair. ith help, can walk up stairs. an descend stairs unassisted, y the bump method, or by creeping own backward. arely resorts to creeping in floor ocomotion. an pull a wheel toy while walking. an place one cube upon another on he first attempt. akes repeated trials to build tower of three. an throw a ball. an turn the pages of a book; may eize two or three pages at a time.	- Comprehends language and communicates. - Is self-absorbed but communicates both by gesture and words. - Often boasts a vocabulary of ten definite words. - Is often articulate enough to say, "Eat," when hungry and "No" when full. - Accompanies "No" with a shake of the head. - Is abandoning baby talk; prefers "Thank-you" to "tata". - Begins to talk in sentences and even paragraphs. - Responds to simple commands like, "Put the ball on the chair," or "Open your mouth." - Recognizes many pictures but is not always able to name them. - Distinguishes only partially between self and the things in which he/she is interested.	- Is beginning to claim "mine" and to make distinctions between you and me. These distinctions are extremely elementary. - Is ordinarily very content in self-absorbed, spontaneous play. - May observe a newcomer (a child or adult) with concentrated interest. - May cry if a companion leaves, or may follow the companion. - Likes to do little errands of "fetch and carry" about the house. - Is a nonconformist. - Is fearful of sudden changes and avoids them by lying down, by backing away, by hiding, by screaming, struggling or beating the air. - Cannot be reached by sharp discipline, by scolding or by verbal persuasion; words mean too little. - Self engrossed rather than selfish because persons are not perceived as individuals like self. - Duplicates what is seen; pretends to read the paper.

TWO YEAR OLD

Motor Characteristics	Language	Personal - Social Behavior
Gets great satisfaction from gross-motor activities.	- Burgeons with words; may have as many as a thousand.	- Shows unmistakable proprietory interest in things and persons; (Says, "Mine")
No longer needs personal assistance in walking up and down stairs.	- Ordinarily uses no more childish jargon.	- Is quite self-centered.
Can walk to a ball and kick it on command.	- Uses largely nouns and verbs.	- Recognizes and names self when seeing image in mirror.
Can hasten steps without losing equilibrium.	- Uses few adverbs, adjectives and prepositions.	- When playing with other children defers chiefly to self.
Delights in rough-and-tumble play, both solitary and responsive.	- Begins to use pronouns (mine, me, you and I), usually in the order just given.	- Contacts playmates physically, but social contacts are few and brief.
Is likely to express joyful emotions with dancing, clapping, screeching and deep-seated laughter.	- Likes simple sound patterns.	- For most part, limits self to solitary or parallel play.
Can wiggle thumb and tongue.	- Enjoys Mother Goose rhymes (which are full of 2-year-old sound patterns).	- Ordinarily has a wholesome restraint with respect to strangers. Is not easily influenced; follows own devices.
Turns the pages of a book with modulated control and with improved release.	- Listens for reasons of language as well as of sound.	- Helps to dress and to undress self.
Can snip with scissors;;can hold a glass of milk (often with one hand and even nonchalantly).	- By listening acquires a sense of the descriptive power of words.	- Finds armholes in garments, pulls off leggings and stockings.
	- Likes stories which someone else tells about familiar belongings and self.	- Begins to take an interest in buttoning and unbuttoning.
	- Is most fluent when telling own experiences, but does not relate them in well-defined past tense - (Puts the past into the present.)	- If taken up during the night, sleeps without wetting; daytime "accidents" are becoming rare.

TWO YEAR OLD

Motor Characteristics	Language	Personal - Social Behavior
	- Senses time in terms of a succession of personal events. - Is beginning to say "No" on the high plane of logic. - Is genuinely pleased when able to match words with objects. - Expresses a new awareness of discrepancy when words and objects do not correspond.	- Makes verbal distinctions between bladder and bowel functions. - Displays consciousness of the family group in different ways. - Sometimes hides toys to be sure that they will be available on later occasions. - Shows affection spontaneously, that is, on own initiative. - Laughs contagiously and even indulges in an elementary humor for the amusement of playmates or elders. - Shows symptoms of pity, sympathy, modesty, and shame. - Smiles at praise; may pout when scolded. - Dawdles a great deal. - Shows inconsistencies in personal-social behavior.

THREE YEAR OLD

Motor Characteristics	Language	Personal - Social Behavior
Enjoys gross motor activity. Runs with more smoothness, turns sharper corners, negotiates sudden stops. Can go upstairs unaided; alternates feet. Can jump from bottom step with both feet together. Can jump upward with both feet as much as twelve inches. Shows increased control in tower building. Builds a tower of nine or ten cubes. Can fold a piece of paper lengthwise and crosswise. Likes to use crayons and is interested in finer manipulations of play materials.	- Has vocabulary that is increasing at a remarkable rate. - Uses words in an unequal way. Uses some words as simply sounds to be tried out experimentally; says others in a well-defined fashion. - Uses action to perfect talking. - Dramatizes the delivery boy, the plumber, the grocery store and the physician's visit. - Asks many pointless questions that are part of the developmental mechanism for achieving speech. - Uses words to express feelings, desires, and even problems.	- Will bargain with adults; will sacrifice immediate satisfactions on the promise of a later privilege. - Has a strong desire to please. - If requested, will do little errands. - May smile and be affectionate but may also make angry attacks against a chair or toy. - May dread rubber boots. - May tremble at the movement of a mechanical toy. - Often talks to self. - Begins to understand what it means to wait one's turn. - Will share toys. - Can feed self; spills very little. - Pours well from a small pitcher. - May show interest in setting the table. - Gets over tantrums more quickly than at an earlier age.

THREE YEAR OLD

Motor Characteristics	Language	Personal - Social Behavior
		- Is likely to suck thumb less frequently; may do so when tired. - Begins to sleep through night without wetting. - To a considerable degree can toilet self during the daytime. - Still takes a nap. - Returns gladly to the comfort of parental protection after brief adventures in self-dependence.

DEVELOPMENTAL SEQUENCE IN AESTHETIC BEHAVIOR

18 Months	Two Years	Three Years
Painting - Uses whole arm movements. - Makes few strokes on a page, often in the form of an arc. - Shifts brush from one hand to the other. - Is satisfied with only one color. **Blocks** - Carries blocks around the room; pounds them together, or dumps in a mass. - May build a tower of three or four blocks. **Music** - Spontaneously hums or sings in syllables. - Has wide range in tone, pitch and intensity of voice. - Is very much aware of sounds such as bells, whistles, clocks. - Shows rhythmic response to music with whole body activity.	**Painting** - Uses more wrist action than at 18 months. - Shifts hands less, though often paints with a brush in each hand. - "Scrubs" paper with little regard for color. Paints several colors over each other vigorously, with muddy effect. - Experiments with vertical and horizontal lines, dots and circular movements. - Goes out of bounds; paints on table, easel, floor, own hands, other children. - Is easily distracted and does not always watch hand movement. - Sometimes enjoys painting on paper with another child. **Finger Painting** - Initially objects to feeling paint and getting hands dirty; but enjoys after a few trials. - Enjoys rhythmical moving with whole hands.	**Painting** - Uses strokes that are more varied and rhythmical. - Displays beginnings of design. - Often covers whole page with one color, or blocks of various colors. - Sometimes names finished product, but there is seldom any recognizable resemblance. - Shows joy and pride in product; exclaims, "Look what I make." - Works with more concentration and precision. - Dislikes sharing paper with others. **Finger Painting** - Experiments with finger movements as well as whole hand. - Has some feeling for design. **Clay** - Enjoys manipulating with hands, patting, making holes with fingers, and squeezing.

DEVELOPMENTAL SEQUENCE IN AESTHETIC BEHAVIOR

18 Months	Two Years	Three Years
Pictures, Rhymes and Stories - Attends to pictures of familiar objects in books. - Listens to short rhymes with interesting sounds, especially when they are accompanied by action or pictures. Likes to have them sung.	**Clay** - Initially objects to feeling of clay and getting hands dirty, but enjoys after a few trials. - Manipulates, pounds, squeezes and pulls small pieces; often hands them to adults. - Uses other materials in combination with clay, such as tongue depressors, blocks, cars and wooden animals. - Often experiments with the taste of clay. **Sand, Stone, Water** - Fills pails and dishes with sand and stones; dumps and throws. - Has high interest in water play, soap bubbles, "painting" with water, sailing boats, and extensive hand-washing. **Blocks** - Uses them manipulatively; likes to fill wagon, then dump them out.	**Clay (Cont'd.)** - Displays beginning of form; makes flat, round "cakes" and balls. - Rolls long, narrow strips. - Can name some products with general approximation in shape. **Sand** - Makes cakes, pies, etc. **Blocks** - Displays order and balance in building. - Combines cars, trains, etc. - Often names what he is making. **Music** - Many can reproduce whole songs though generally not on pitch. - Begins to match simple tones.

DEVELOPMENTAL SEQUENCE IN AESTHETIC BEHAVIOR

18 Months	Two Years	Three Years
	Blocks (Cont'd.) - Sometimes uses them imaginatively as coal, ashes, lumber, etc. - Often combines various sizes of blocks in random order. Music - Sings phrases of songs, generally not on pitch. - Recognizes a few melodies. - Enjoys rhythmical equipment such as rocking boat, swing, and rocking chair. These often stimulate spontaneous singing. - Responds rhythmically by bending knees in bouncing motion, swaying, swinging arms, nodding head and tapping feet. Pictures, Rhymes and Stories - Enjoys simple pictures with few details and clear color. - Is interested in rhymes. - Uses language that is often rhythmical and repetitive. - Enjoys short simple stories with repetition and familiar subjects.	Music (Cont'd.) - Is less inhibited in joining group singing. - Can recognize several melodies. - Experiments with musical instruments. - Enjoys group participation in rhythms. - Gallops, jumps, walks and runs in fairly good time to music. - Enjoys dressing up in costumes for rhythms. Stories - Has much longer span of interest in listening to stories. - Continues to enjoy the familiar with more detail and less repetition. - Insists on stories being retold and reread word for word without change.

DEVELOPMENTAL SEQUENCE IN AESTHETIC BEHAVIOR

18 Months	Two Years	Three Years
	Miscellaneous - Has strong tactile sense; likes to touch fur, silk, angora, etc. - Likes to taste many objects and materials such as clay, paint, crayon. - Likes to put tongue against glass, wood, etc. - Imitates many things at this age.	

DEVELOPMENTAL SEQUENCE IN PLAY ACTIVITIES

18 Months	Two Years	Three Years
- Makes very rapid shifts in attention especially expressed by gross motor shifts. Moves actively from place to place and "gets into" everything. - Pulls toys. - Carries or hugs doll or teddy bear. - Imitates many things such as reading newspaper, sweeping and dusting. - Engages in solitary or onlooker play.	- Makes less rapid shifts in attention. Is interested in dawdling and manipulating play materials to feel, pat and pound. - Is interested in dolls and teddy bears. - Does not imitate things which he /she remembers, but only those events which are immediately present. - Enjoys being with other children. - Shows little interest in what other children do or say, but may hug them or push them out of the way as though they were physical objects. - Displays little social give-and-take but much physical "smack and grab" to defend rights. Kicks and pulls hair which may end in scuffle.	- Begins to display dramatization and imagination in play. - Is interested in combining playthings such as blocks and cars, making roads, garages and bridges. - Becomes increasingly interested in playing with other children rather than playing alone. - May play in groups of two or three, but these are constantly shifting in makeup and activity. - Substitutes cooperative activity for physical activity. - Is willing to wait turn. - Will put away toys with some supervision.

SUGGESTED OBJECTIVE ACTIVITIES AND MATERIALS FOR ENHANCING THE LEARNING OF

1-2 Year Olds

Learning Opportunity and Needs	Teacher's Role	Suggested Activities and Materials
Needs an adult responder. Needs sensory and environmental experiences through:		
Exploring	- Encourage discovery; stimulate curiosity.	Household items and toys - lower cupboard with pots and pans.
Tasting	- Develop gustatory sense.	Variety of edible foods..
Smelling	- Develop olfactory sense.	Familiar odors - flowers, citrus fruits, foods, soap.
Hearing	- Stimulate awareness of sound.	Musical toys - bells, squeeze toys with sound, telephone, records, music boxes.
Moving	- Develop big muscle and fine motor control.	Large toys to ride or push; objects to handle - riding toys, kiddie cars, trucks, push-pull toys, opportunity to run.
Seeing	- Encourage visual motor ability; stimulate vision.	Toys that move - mobiles, bubbles, balloons, shadow play.
Feeling	- Enhance tactile stimulation.	Cuddly toys - teddy bear, woolly animals, variety of textures and temperatures.

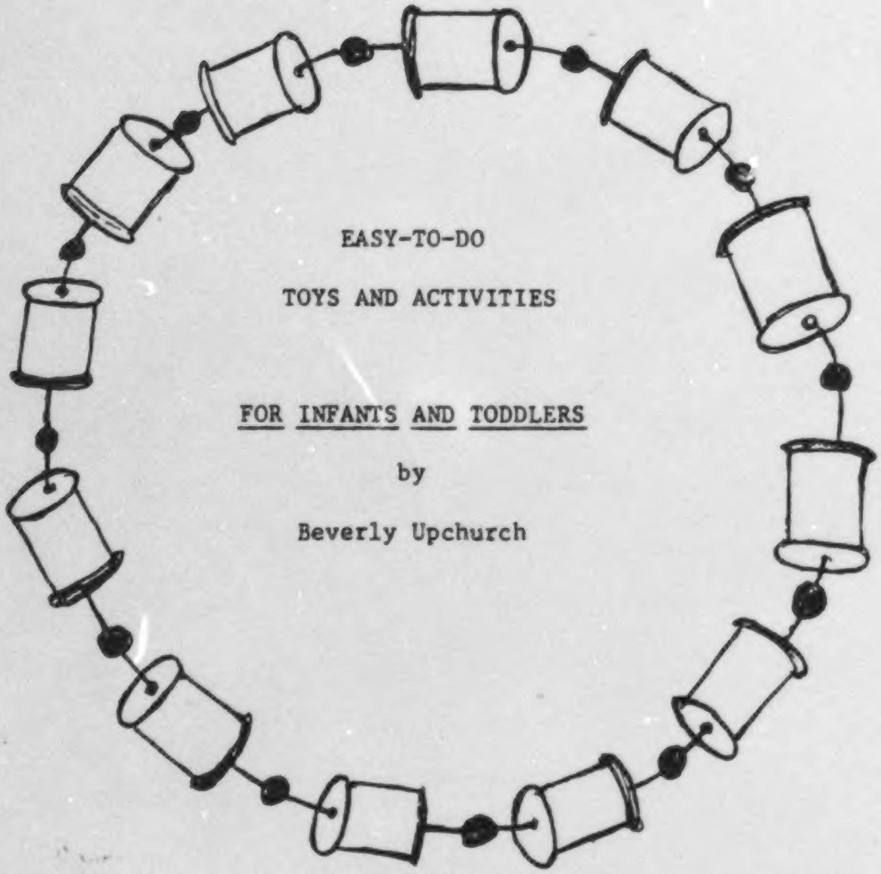
SUGGESTED OBJECTIVE ACTIVITIES AND MATERIALS FOR ENHANCING THE LEARNING OF

2-3 Year Olds

Learning Opportunity and Needs	Teacher's Role	Suggested Activities and Materials
Needs continued sensory experiences and opportunity for moving including:		
Large muscle development and coordination. Fine motor manipulation skills.	Continue development for agility, directionality, laterality, strength, balance and spatial awareness; continue opportunity to explore and discover; begin development of eye-hand coordination.	Steps, ladders, slides, packing cases, tunnels, rocking horses, wagons, swings, riding vehicles, kiddie cars, tractors, trucks, busy boxes, play telephones, crayons for scribbling, sorting boxes, stacking cones, nesting blocks, books, spoons, cups, and mailboxes; Water play, climbing, sliding, balancing, crawling, swinging, rocking, towing, teetering, pushing, pulling, rolling, riding, springing, walking, running, jumping, taking apart, stacking screws, and grasping toys.
Development of listening skills and opportunity to express self.	Emphasize discrimination of sounds. Increase opportunity to exercise powers for discrimination of previous sensory experiences.	Toy piano, bells, toys with sounds, nursery rhymes, records, musical toys, Mother Goose rhymes.
Refinement of visual awareness.	Begin development of form perception.	All toys and items in the household members of the family; pictures; general environment.
Beginning of imaginative play.	Encourage child to: communicate in many ways; develop ways of relating to others; to role play.	Puppets, hobby horses, hammers, kiddie cars, tractors, self-propelled vehicles, animals, and concrete toys.

APPENDIX D

Selected Handout Materials Utilized in both the Home-Health Management Curriculum Development Workshop and the Health Assistant Curriculum Development Workshop



EASY-TO-DO

TOYS AND ACTIVITIES

FOR INFANTS AND TODDLERS

by

Beverly Upchurch

with the assistance of the caregiving staff
at the UNC-G Demonstration Nursery Center

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Gladys Woods

Demonstration Project: Group Care of Infants
Institute for Child and Family Development
The University of North Carolina at Greensboro
Children's Bureau Grant No. D-256
Department of Health, Education, and Welfare
Child Welfare Research and Demonstration Grants Program
and
The Appalachian Regional Commission

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SOME THOUGHTS ON HOMEMADE TOYS

Most adults can recall that many of their favorite toys in childhood were "homemade" ones. This booklet is all about easy-to-do toys and activities for very young children. Our adult readers will enjoy following some of the suggestions in these pages, and any toddler who is around will love seeing the toys take shape right before his shining eyes.

Some points to remember about homemade toys are these:

1. Homemade toys take time to make --- sometimes so much time as to be impractical.
2. Homemade toys are not very durable, but they can sometimes be made to last longer if they are covered with contact paper or painted.
3. It is fun to create toys and to see children use and enjoy them.
4. When grown-ups make toys for children they are setting a pattern that helps children to become inventive and resourceful when they grow up.

TOYS FOR THE LITTLEST ONES (2 TO 8 MONTHS)

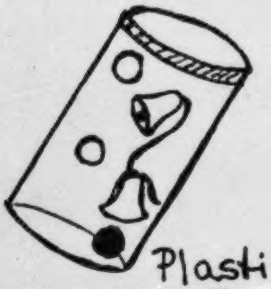
Rattles and Shakers
Foam Blocks and Shapes
Spool Beads and Dolls
Mirrors
Paper Plate Foil Mirrors
Cribmobiles
Sock Mittens
Bean Bags
Simple-to-sew Rag Dolls and Animals

On pages 3 through 11 you will find more detailed instructions for making some of the toys above.

ACTIVITIES FOR THE LITTLEST ONES

Did you know babies love:

putting their hands in paper cups
putting their hands in empty kleenex boxes
the sound and vibrations of squeeze toys being squeezed against their tummies and faces
crawling over an adult caregiver who is sitting on the floor
seeing and hearing clapping sounds
listening to music


Plastic
Pill Bottles

TOYS FOR THE LITTLEST ONES (2 TO 8 MONTHS)

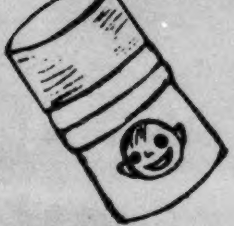
RATTLES AND SHAKERS

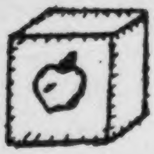
Needed:

- Small plastic pill bottles
- Aerosol can tops
- Vienna Sausage cans
- Permanent weatherproof glue
- Bells, beads, gravel, small bits of styrofoam packing, etc.

Rattles are easily made by putting objects such as bells and beads in a variety of sizes and shapes of bottles. Small clear plastic pill bottles are popular for making "holdable" see-through rattles for babies.

Other rattles and shakers can be made from such containers as empty aerosol can lids, vienna sausage cans, empty plastic playing card boxes, or the lids from timmy tummy cups. Just glue the lids or cans together with a strong glue (Goodyear's Pilo Bond Super Glue is good for this purpose, while a regular white glue is not strong enough.) Then, after the glue has dried, tape around the lids several times with colorful plastic tape. To make the rattles even more interesting, you can paint faces or colorful pictures on the outside of the cans, lids, or bottles.


Aerosol
Can Tops



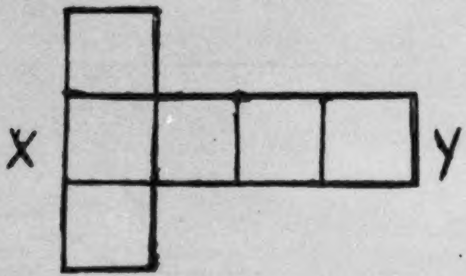
TOYS FOR THE LITTLEST ONES (2 TO 8 MONTHS)

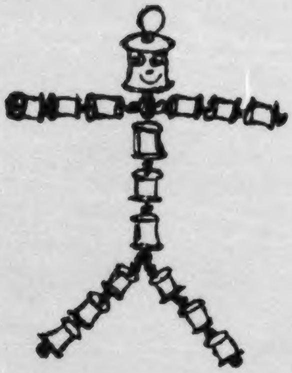
FOAM BLOCKS AND SHAPES

Needed:

6 - 4" square pieces of colored felt
Needle
Thread
Foam, cotton, or kapok, or old hosiery, for stuffing
Scissors

Machine or hand stitch blocks as shown. Form square by sewing sides *x* and *y* together, and then sew all but one side of the block. Stuff the block with foam, cotton or kapok or old hose that have been cut into small strips. Pack the block tightly and then hand stitch the open end of the block. To decorate the block, glue or sew on felt pieces of contrasting colors that are cut into shapes: flowers, letters, numbers, etc. onto the blocks.





SPOOL BEADS AND DOLLS

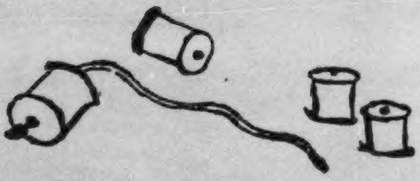
Needed:

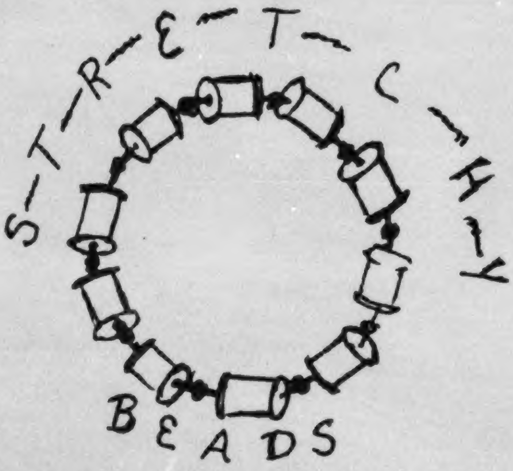
- 15 to 20 empty thread spools
- 1/4" wide elastic cording
- 1 can aerosol spray enamel in a bright color

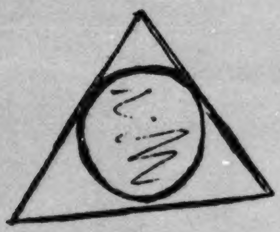
Just thread the elastic cord through 15 or more painted spools and tie the ends of the cord together in a double knot to make a stretchable necklace for baby.

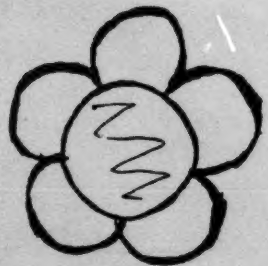
To make a spool doll, you will need a larger spool for the head and about ten or twelve smaller spools for the body, arms, and legs. You will also need to tie two cross pieces of elastic onto a longer center piece of elastic for the arms and legs. The elastic cord should be knotted between each spool and it should have double knots on each end spool. This makes a nice doll to hang over an infant's crib.

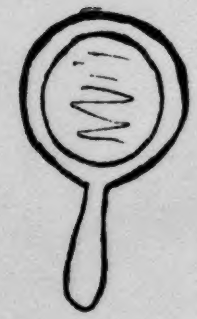
Infants and older toddlers will enjoy playing with these spool toys. Older toddlers may also enjoy stringing spools on shoestrings.











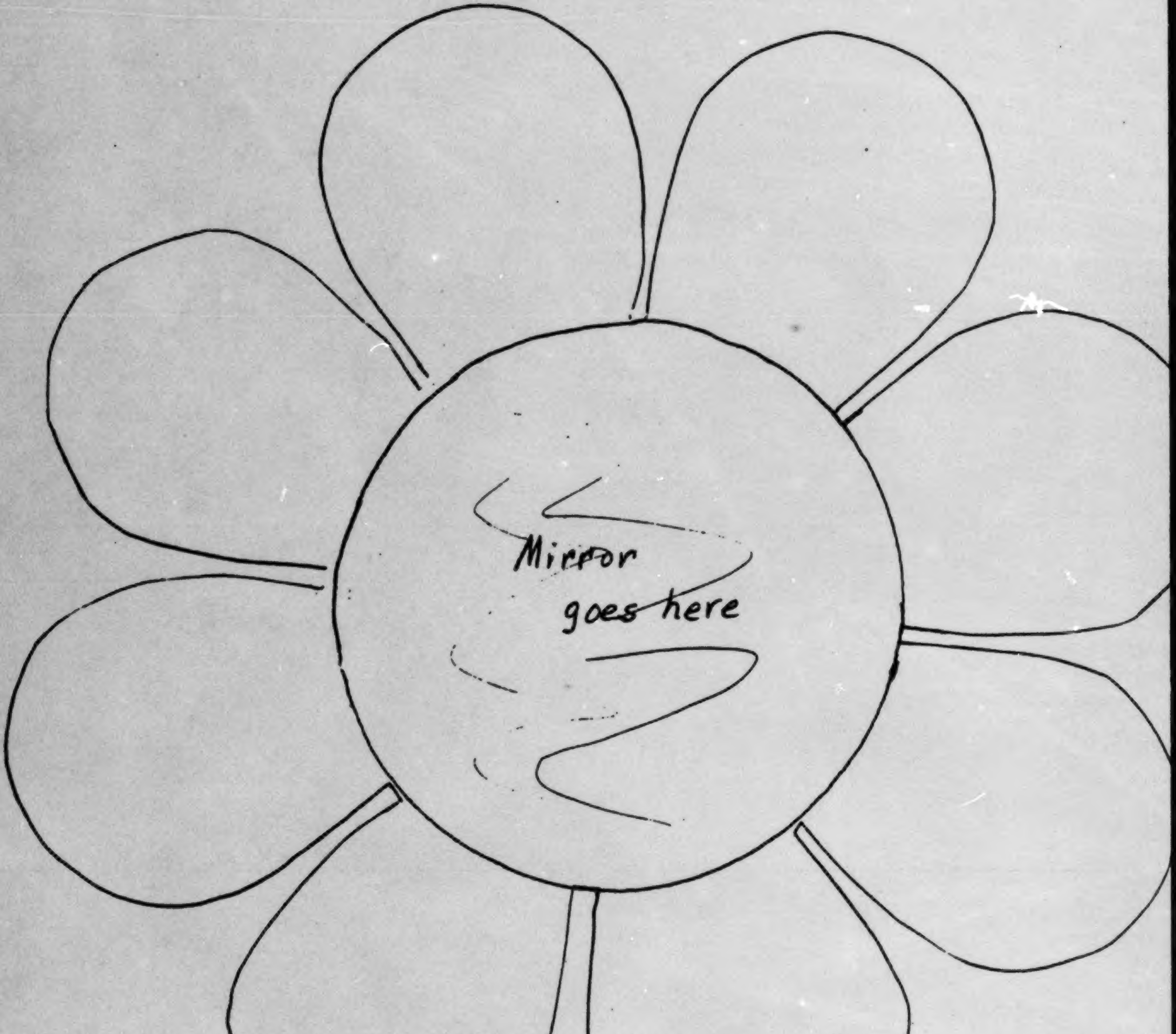
MIRRORS FOR BABIES

Needed:

1 Small unbreakable wide-angle car mirror
8" Cardboard or plywood square
Razor blade cutter
Permanent weather-proof glue
Contact paper

A nice and safe mirror for infants is a small unbreakable wide-angle car mirror. Such mirrors may be purchased for about one dollar in automotive departments of hardware or department stores. The mirrors can be used alone for the baby to hold in his hand or they may be glued to the crib or a similar hard surface.

A more decorative mirror can be made by mounting one of these mirrors onto a pretty shape which has been cut from a piece of cardboard or plywood. A flower is a nice shape for this (see actual size pattern on next page). It can be cut from 8" cardboard square with a razor blade cutter or a small electric handsaw. To make the shape more colorful and durable, cover it with an interesting and gay piece of contact paper.


Mirror
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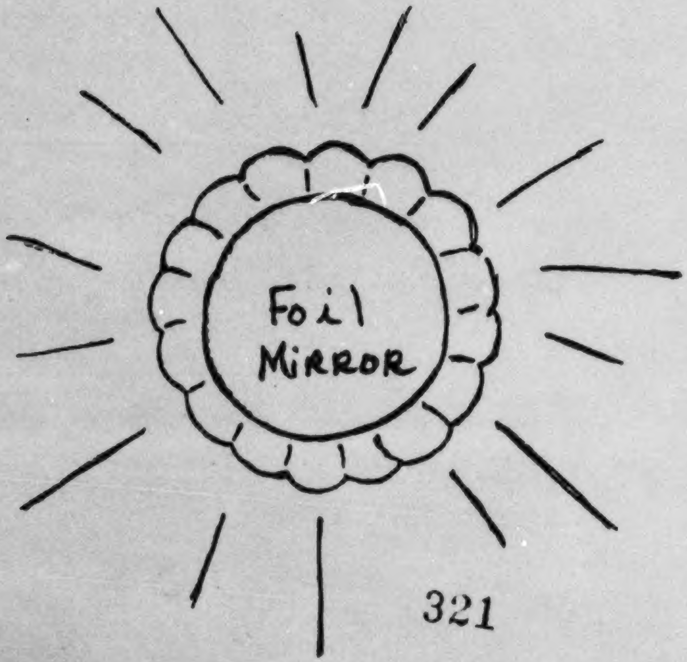
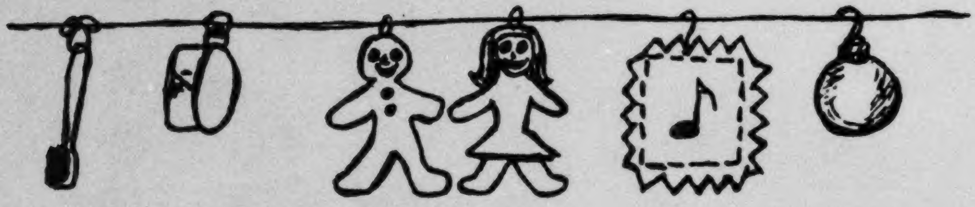
PAPER PLATE FOIL MIRROR

Needed:

- 2 Heavy weight paper plates
- Heavy duty aluminum foil
- Glue
- Transparent tape

Glue an 8-inch circular piece of aluminum foil to the center front of a paper plate. Then take a matching paper plate and cut a 7-inch circle from the middle of the plate. Now, glue and tape the rims of the plates together.





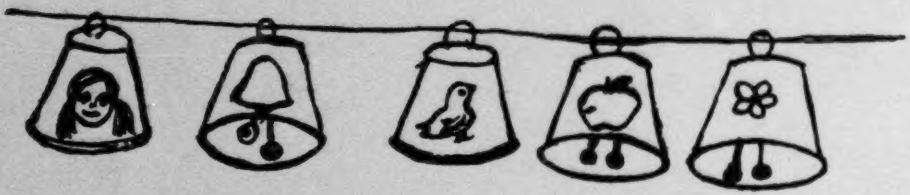
CRIB MOBILE

Needed:

- 42" Heavy cord or rope
- 5 to 10 Small Christmas bells
- 5 or 6 Clothespins
- 4 to 6 Swatches of colorful or textured fabric
- Assortment of safe household articles such as measuring cups, measuring spoons, jar lids, toothbrushes, etc.

For an interesting crib mobile that can be varied each week, tie the heavy cord across the rails of the crib and tie or hang (with clothespins) some of the following articles:

- Measuring spoons and cups
- Tooth brushes
- Pretty match boxes
- Small safe toys (rattle, small car, airplane)
- Paper dolls
- Pictures
- Bags made of interesting textured fabrics which have small bells, small jar lids, or other noisy objects sewn inside.



BELL MOBILE

Needed:

42" Heavy cord or ribbon
5 Inexpensive opaque plastic cups
4 Small jingle bells
1 Large Needle
Heavy weight transparent fishing line

An inexpensive musical toy can be made by punching two holes in the bottom of five plastic cups and threading the jingle bells with short pieces of fishing line. Tie the cups onto a cord at regular intervals and attach them to the rails of the crib.

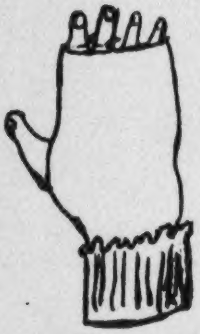
The cups may be decorated with printed contact paper or paper cutouts covered with clear contact paper.

SOCK MITTENS

Needed:

- 2 Brightly colored infant socks
- Scissors
- Needle and thread

A baby can practice finding his hands after someone puts a small brightly colored sock over each hand. For best results, cut a small slit for the thumb in the heel of the sock, and cut off the toe portion of the sock for the fingers. Hem the cut edges and slip babies' thumb and fingers into the appropriate openings.



TOYS FOR THE HIGH CHAIR AGE (8 TO 16 MONTHS)

Musical Roller Toy
Turntable of Pictures
Match Box Picture Push
Sealed Plastic Bottles of Colored Water
Coffee Can Drums
Large Empty Boxes
and
Many of the toys mentioned for the littlest ones

On pages 13 through 17 you will find more detailed instructions for making some of the toys listed above.

ACTIVITIES FOR THE HIGH CHAIR AGE

Remember these favorite toddler games:

The Peek-A-Boo Game

The Pat-A-Cake Game

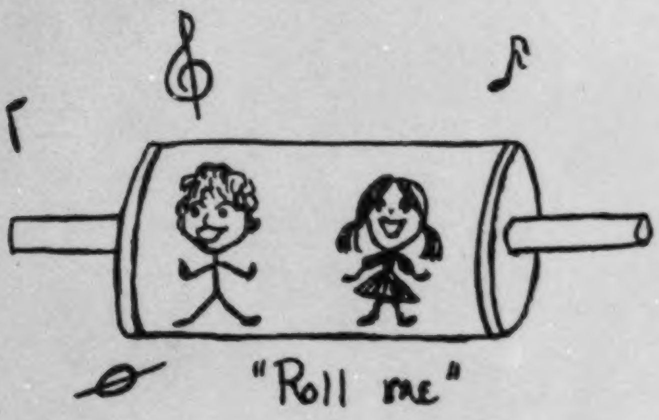
The Bye-Bye Routine

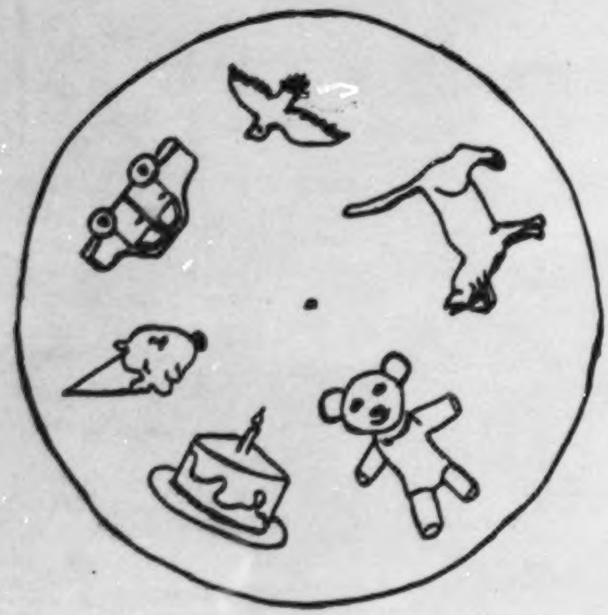
MUSICAL ROLLER TOY

Needed:

- 3 Gallon ice cream container and lid
- 18" tube
- Scissors
- Bells
- Glue
- Magazine pictures
- 1 Yard clear contact paper

To make this roller toy, cut a small hole in each end of the ice cream container. The holes should be the diameter of your 18" tube which will be inserted through the holes. Before inserting the tube, however, put inside a few bells, jar lids, or materials for sound effects. Now you are ready to glue pretty pictures all around the body of the container and then to cover it with clear contact paper.





TURNTABLE OF PICTURES

Needed:

Small kitchen-aid turntable
Magazine pictures
Glue
Clear contact paper

Just glue simple, colorful pictures around the top of the turntable and cover it with clear contact paper to make this toy last longer.

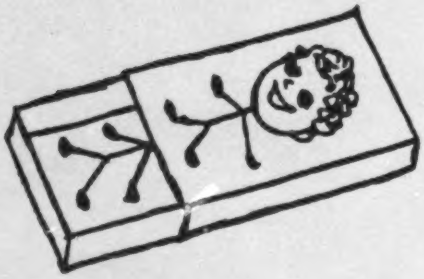
This is a toy that can be used to help the toddler learn to name simple objects, animals, birds, foods, etc. It has added interest for the child because the pictures "move."

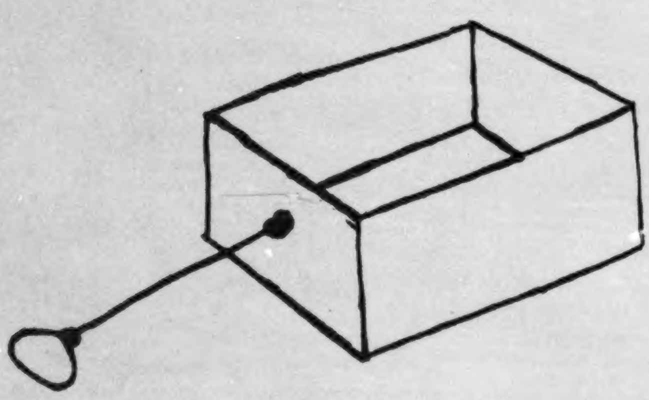
MATCH BOX PICTURE PUSH

Needed:

- Match box
- Small magazine picture
- Glue

The little ones enjoy pushing the drawers in and out of match boxes. To make the match box more interesting, glue pretty pictures inside as well as on the outside of the box. Then you have a "match box picture push."





SHOEBOX PULLTOY

Needed:

- Shoebox
- 24" cord
- Contact paper
- Scissors

Fasten sturdy cord through one end of a shoe box and knot the cord on each side of the hole through which the cord has been threaded. For durability, cover the box in a colorful contact paper.

Small cardboard cartons may also be made into pull toys that are used as wagons.

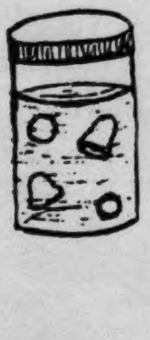
SEALED PLASTIC BOTTLES OF COLORED WATER

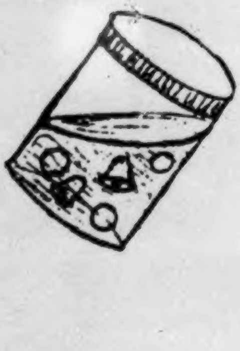
Needed:

- Clear plastic bottles
- Food coloring
- Bells, plastic beads
- Permanent waterproof glue
- Tape

Fill a plastic bottle with water that has been tinted prettily with food coloring. For added interest, put bells or plastic beads in the container. Now glue the lid onto the bottle. After the glue has dried, tape around the lid two or three times to secure it firmly.

Small children enjoy turning these bottles up and down, looking at the light through the bottle, shaking them to "make bubbles" inside, and so on.





TOYS FOR THE TODDLER TO TWO-YEAR-OLD (16 TO 24 MONTHS)

Cloth Books
Doodad Trays
Cardboard Box or Dishpan TV
Stacking and Nesting Cans
Cardboard Box Playhouse or Think Tank
Stick Horses
Puppets
Foam Felt Funny Face Game
Sand Pails and Buckets
Flying Saucers and Birds on a String
Oatmeal Box Cradle

On pages 19 through 29 you will find more detailed instructions for making some of the toys listed here.

ACTIVITIES FOR THE TODDLER TO TWO-YEAR-OLD

Pretend grocery shopping
Blowing and catching bubbles
Painting with paint brushes and water outdoors
Simple singing games [1]
Flying paper airplanes, flying saucers, birds, and kites on strings
Dancing with gauzy scarfs
Providing the action as records are played [2]

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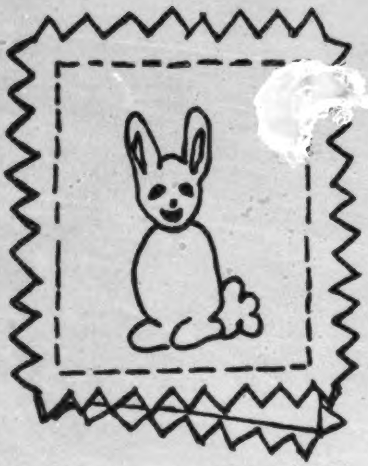
[1] See pages 31 and 34 for action songs and finger rhymes

[2] See page 30 for list of activity records



CLOTH PICTURE BOOK

Needed:

- 6 to 8" squares of heavy cloth
- Cut-outs of primary shapes, familiar animals, flowers
- Needle and thread
- Pinking shears
- Glue

Let your imagination take over to make a delightful textured picture book for a child. Felt or some other heavy fabric may be used for each page, or the book can be made using different textured fabrics such as velvet, corduroy, polyester knit, taffeta, etc. for each page. On each page sew or glue a picture cut-out in a contrasting color or fabric. Vary the book by giving a bunny cut-out a tail of "real" cotton, ribbons and yarn for hair, or by giving a bird a tail of real feathers.

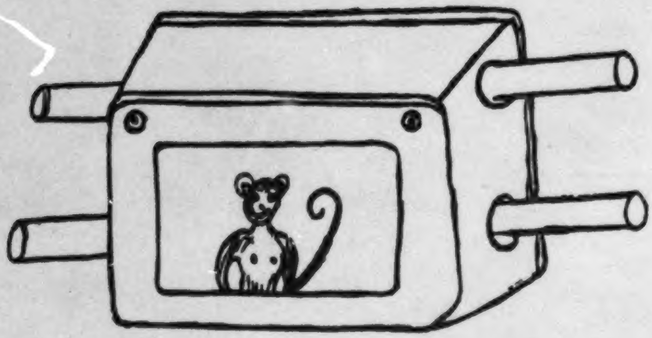
Children especially enjoy "do it" books which have a zipper page, a button or snap-it page, a page with a glove sewn on, or a mitten, or a sock, etc.

DOODAD TRAYS

Needed:

- Discarded plastic plate or tray
- 3 or 4 Small plastic cups
- Permanent waterproof glue
- Small toys and household doodads (measuring spoons, thread spools, pieces of yarn, jar lids, etc.)

Glue plastic cups to the plate or tray. Fill cups with small toys and household doodads. To prevent small toys being scattered everywhere, an adult may sit with the child while he enjoys taking the doodads out of the cups and dropping them back inside again.



ROLLER TV

Needed:

- Plastic dishpan or cardboard box
- Two tubes or broomstick handles cut several inches longer than the box is long
- Razor blade cutter or sharp knife
- Scissors
- Glue
- Tape
- Roll of meat wrapping paper

To make your TV-viewing window, cut a rectangular hole out of the bottom of a dishpan or a cardboard box. Then cut two holes into which the roller tubes fit tightly, on each side of the dishpan.

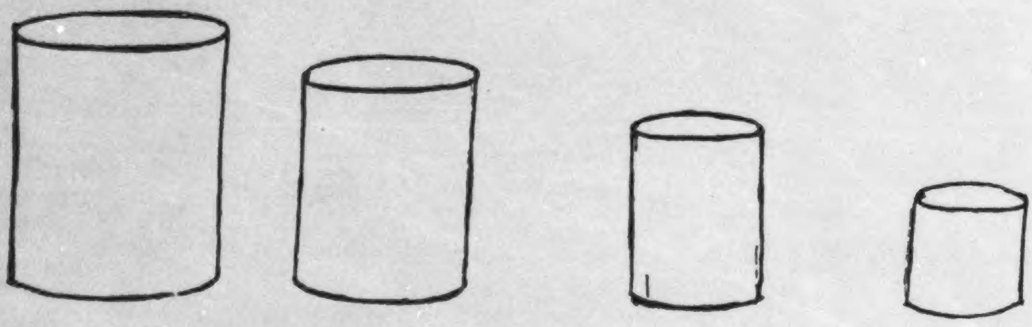
To make your TV program, glue magazine pictures onto the roll of meat wrapping paper. Insert rollers in TV set and tape the ends of the roll of paper onto the two tubes. Now you're ready for the next program!

STACKING OR NESTING CANS

Needed:

Empty food tins of varying sizes
Contact paper (or paint)

Collect food cans that are of varying sizes until you have a collection of four or five that will fit neatly inside each other. Be sure the top rims are smooth to protect small fingers from sharp edges. Cover the tins with bright contact paper or paint them for added attractiveness and durability.



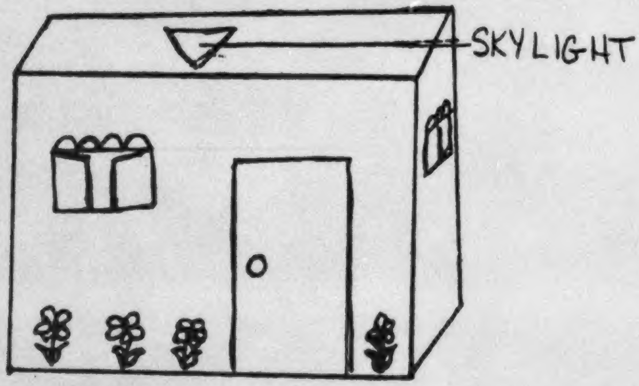
Play House or "Think Tank"

Needed:

- Large appliance box
- Contact paper
- Magazine pictures
- Glue
- Scissors
- Razor blade cutter

A playhouse can be made by covering a large appliance box with contact paper and cutting holes for a door and a window.

The playhouse can double as a "THINK TANK". Place a small chair or stool inside the house. Glue interesting pictures to the inside walls and ceiling of the box.



STICK HORSE

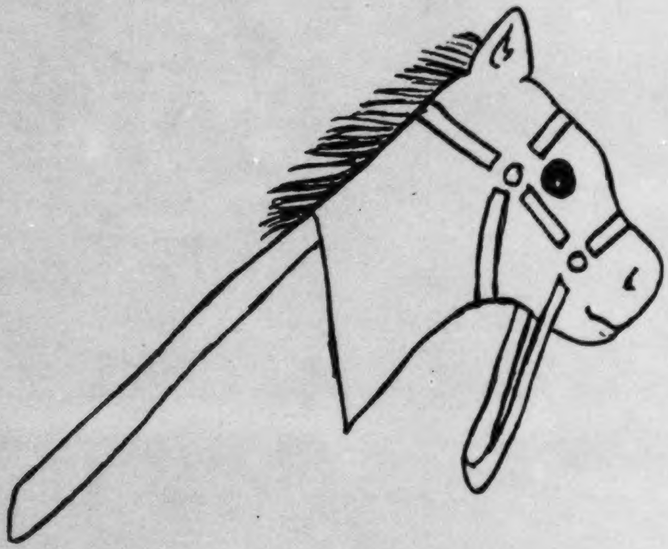
Needed:

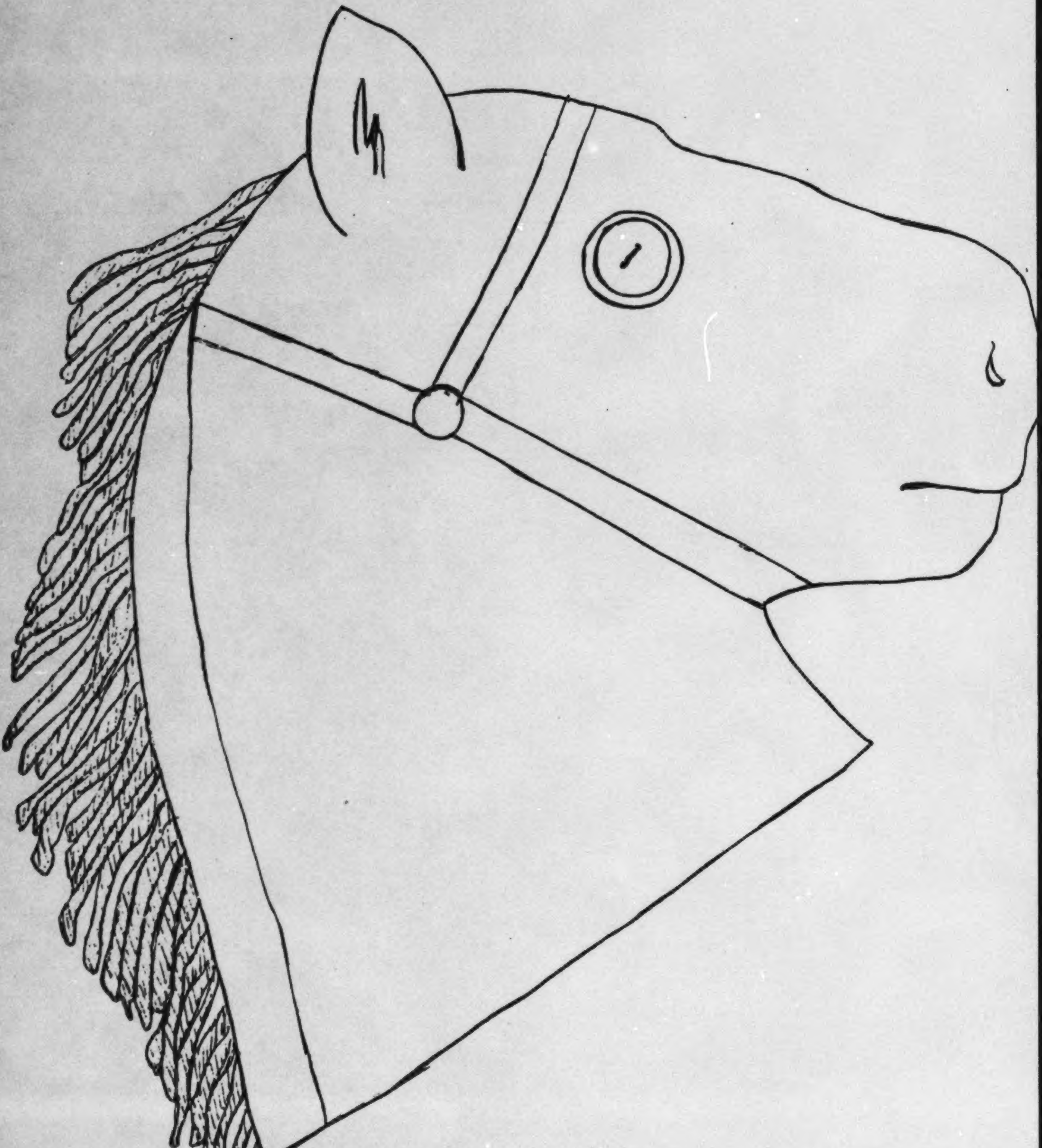
- 2 - 9" squares of heavy fabric
- 1 Broomstick handle
- 2 Bells or buttons
- Yarn
- Stuffing

Cut horse head by pattern (see next page) and sew outer edges together except for the bottom. Stuff with cotton, foam, or hose that have been cut into small pieces.

Insert broomstick inside along mane side of head and secure by stitching with heavy duty thread around the broomstick and side of the horse head.

Use buttons for eyes, felt cut-outs for mouth and nose, and yarn for the mane.





FOAM-FELT FUNNY-FACE GAME

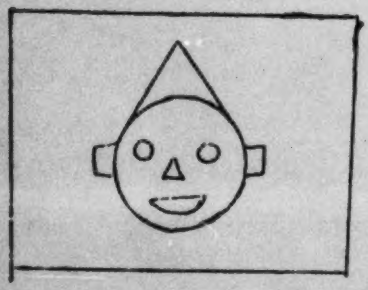
Needed:

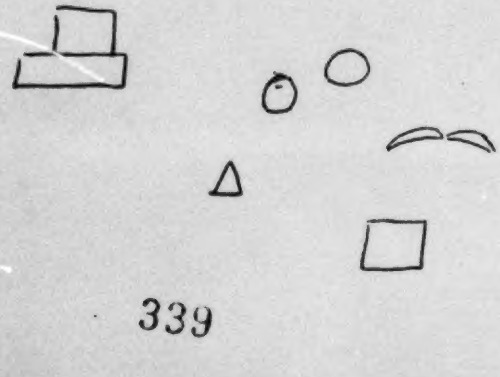
- Rubber foam
- Cardboard square or box lid
- Several pieces of colored felt
- Magic Marker
- Scissors

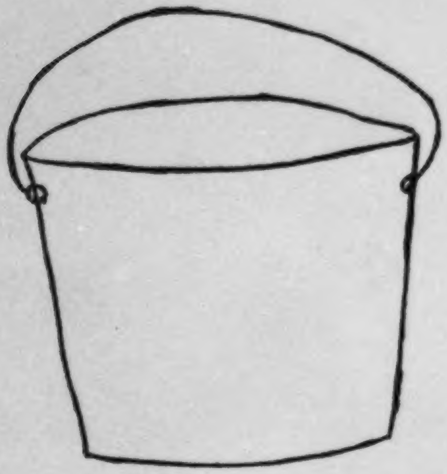
Glue a piece of thin foam into the lid of a box or onto a square of heavy cardboard. Draw a large circle on the foam with a Magic Marker for the outline of the face. Then make felt cut-outs in different colored shapes for the eyes, nose, mouths, hats, etc.

The adult can show children how to make pictures or designs on the foam board with the shapes, or she can use it to help tell a story.

This toy can be made from free scrap foam found in packing cases.







Sand Pails and Buckets

Needed:

- Empty plastic food container
- Razor blade cutter or knife
- 12" Rope or heavy cord
- Ice pick

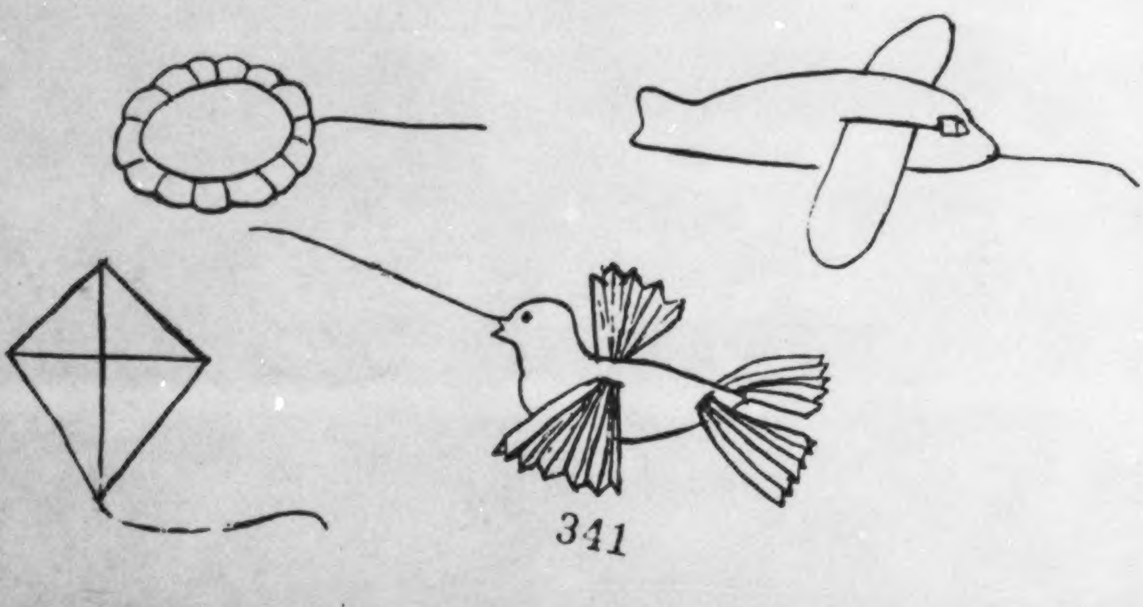
Punch two holes in opposite sides of an empty plastic food container. Insert the rope or cord into the holes and knot on the inside. Now, you have an easy-to-make non-rusting pail for sand play and for carrying or storing small treasures.

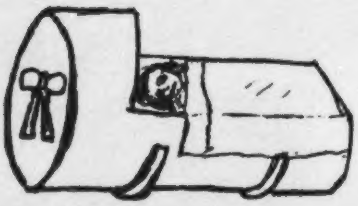
Paper Airplanes, Flying Saucers, Kites and Birds on a String

Needed:

- Construction paper
- Paper plates (for flying saucers)
- 20" pieces of yarn
- Scissors
- Tape
- Staples

Cut body and wings of airplanes, birds, and kites from construction paper. Insert wings in airplanes and birds through slits cut in the bodies and tape into position. Staple a piece of yarn to the end of your flying toy. When the child runs with it outdoors, his individual bird, airplane, kite or saucer will "fly".



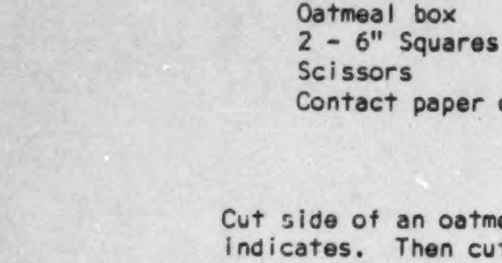


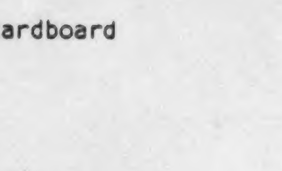
OATMEAL BOX CRADLE

Needed:

- Oatmeal box
- 2 - 6" Squares of lightweight cardboard
- Scissors
- Contact paper or paint

Cut side of an oatmeal box as this diagram indicates. Then cut two rockers from cardboard and insert them in the slits at the bottom of the cradle. Paint or cover the cradle in contact paper. And now, place a tiny doll in cradle and cover her with a handkerchief blanket.





RECORDS FOR TODDLERS

RECORDS	RECORDING COMPANY
Where are your Eyes? (2-A)	Pram Records
Big and Little (2-B)	Pram Records
Nice (1-A)	Pram Records
What Does Baby See? (4-A)	Pram Records
Clap Hands (5-A)	Pram Records
Up, Up, Up (5-B)	Pram Records
Peek-a-Boo	Pram Records
Baby's Bath	Pram Records
Sunday in the Park	Children's Record Guild
Jump Back, Little Toad	Children's Record Guild
Whoa Little Horses, Lie Down	Young People's Records
I'm Dressing Myself	Young People's Records
The Sleepy Family	Young People's Records
When the Sun Shines	Young People's Records
Let's Play Zoo	Young People's Records
Counting Games and Rhythms for Little Ones (FC-7056)	Folkway Records
Children's Songs (FC-7036)	Folkway Records
Rhythm Games and Songs by Ella Jenkins (FC-7057)	Folkway Records
American Folk Songs for Children by Pete Seegers	Folkway Records

ACTION SONGS AND FINGER RHYMES FOR TODDLERS

RING AROUND THE ROSIE

Ring around the rosie
A pocket full of posies
Downstairs, Upstairs,
SQUAT!

LONDON BRIDGE IS FALLING DOWN

London Bridge is falling down,
falling down, falling down
London Bridge is falling down,
My fair lady.

POP GOES THE WEASEL

All around the cobbler's bench
The monkey chased the weasel
That's the way the monkey goes
POP goes the weasel.

ACTION SONGS AND FINGER RHYMES FOR TODDLERS

THIS IS THE WAY WE WASH OUR CLOTHES

(Tune: Here We Go Round The Mulberry Bush)

This is the way we wash our clothes,
wash our clothes, wash our clothes
This is the way we wash our clothes
Early Monday Morning.

This is the way we iron our clothes,
iron our clothes, iron our clothes
This is the way we iron our clothes
Early Tuesday morning.

This is the way we sweep our floor,
sweep our floor, sweep our floor
This is the way we sweep our floor
Early Wednesday morning.

Note: This song is fun to vary by substituting other familiar activities for the main verse such as: This is the way we take a walk --- or this is the way we drive a car --- or this is the way we rock a baby --- and any other verses you would like to sing to this old familiar tune.

THE WHEELS ON THE BUS

(Tune: Here We Go Around The Mulberry Bush)

The wheels on the bus go round and round,
round and round, round and round
The wheels on the bus go round and round,
all through the town.

The horn on the bus goes beep, beep, beep
beep, beep, beep, beep, beep, beep
The horn on the bus goes beep, beep, beep
all through the town.

The baby on the bus goes wah, wah, wah, etc.

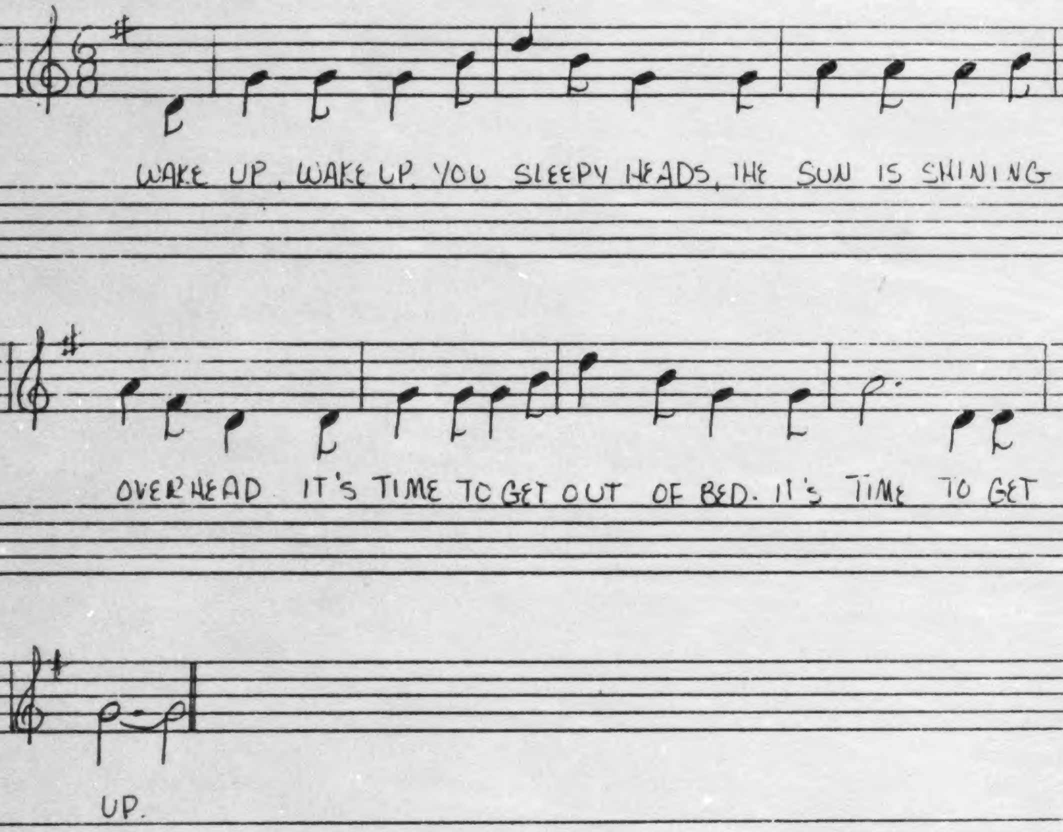
The people on the bus go up and down, up and down, etc.

The money on the bus goes ding-a-ling, etc.

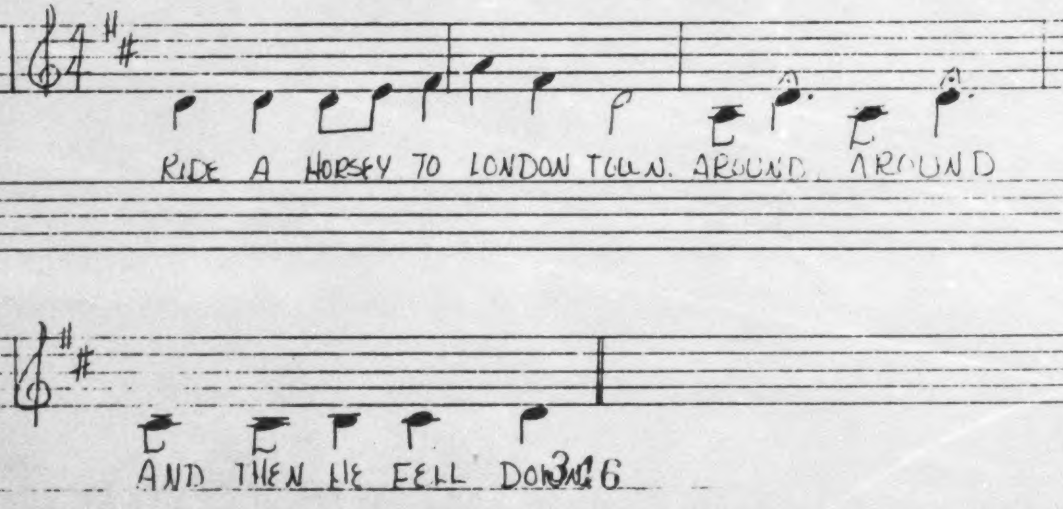
The driver on the bus says, "Move on back," etc.

The dog on the bus goes "woof," "woof," "woof," etc.

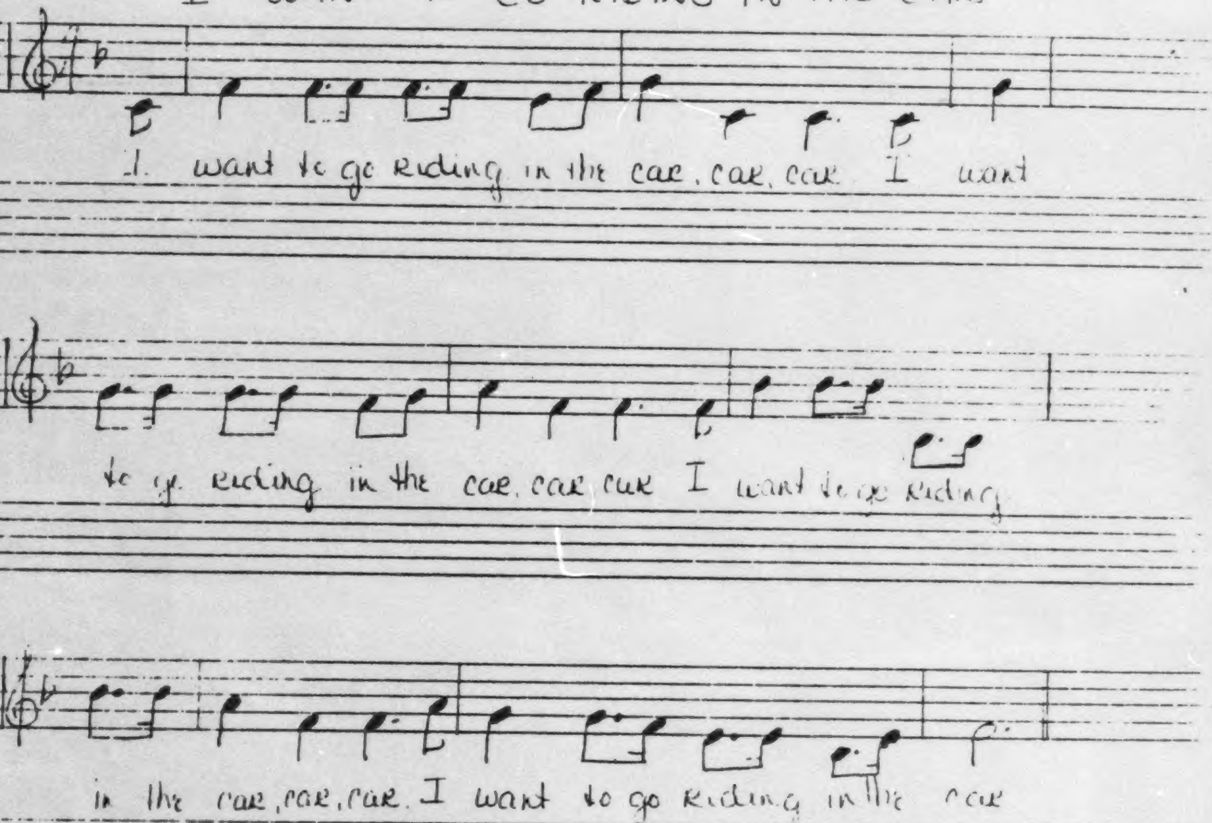
WAKE UP


WAKE UP, WAKE UP, YOU SLEEPY HEADS, THE SUN IS SHINING
OVERHEAD IT'S TIME TO GET OUT OF BED. IT'S TIME TO GET
UP.

RIDE A HORSEY


RIDE A HORSEY TO LONDON TOWN. AROUND, AROUND
AND THEN HE FELL DOWN

I WANT TO GO RIDING IN THE CAR


1. I want to go riding in the car, car, car. I want
to go riding in the car, car, car I want to go riding
in the car, car, car. I want to go riding in the car

Second verse: Mary wants to ride in the front seat
Johnny wants to ride in the back seat

Janie wants to ride in the front seat
We all want to ride in the car.

Note: At the end of each verse make a car motor sound for the children by making a vibrating noise through your lips. Small children like to learn making this funny noise.

THIS LITTLE PIGGY

This little piggy went to market,
This little piggy stayed home,
This little piggy had roast beef,
This little piggy had none,
This little piggy cried, "Wee, wee, wee"
All the way home.

PAT-A-CAKE

Pat-a-cake, Pat-a-cake,
Baker's Man
Bake me a cake as fast as you can.
Stir him up,
Roll him up,
Put him in the pan.

TEN LITTLE MONKEYS

There were ten little monkeys jumping on the bed
One fell off and broke his head
They called for the doctor, and the doctor said,
"That's what you get for jumping on the bed."

Note: Use the Ten Little Monkeys finger rhyme with the two-year-olds and make up accompanying hand motions. Also, it is fun to change the volume and tone of your voice when you are reciting this finger rhyme. The children will enjoy jumping like little monkeys and pointing their fingers and saying, "That's what you get for jumping on the bed!"

Many of the favorite nursery rhymes for action plays are from Mother Goose. Some favorites for little children are: "Diddle, Diddle Dumpling, My Son John", "Little Miss Muffet","Jack, Jump Over the Candlestick", "Ride-A-Cock Horse", etc.

FAVORITE IDEAS FOR ALL THE LITTLE ONES

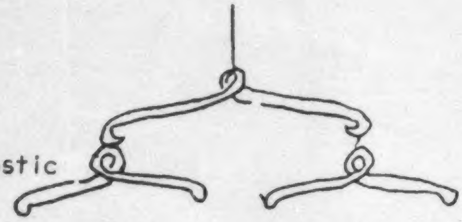
Mobiles for the Wind ...

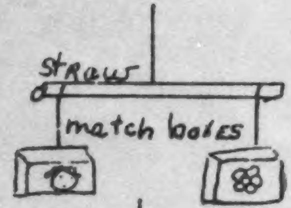
For Musical Sounds ...

For Pretty Shapes ...

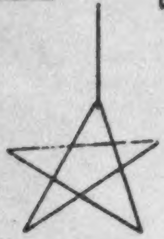
Mobiles that hang from the ceiling are lovely additions to nursery rooms. Always in motion, they are nevertheless soothing to watch as the baby drops off to sleep or the toddler waits to be fed.

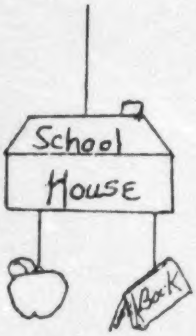
Some good materials to use are:





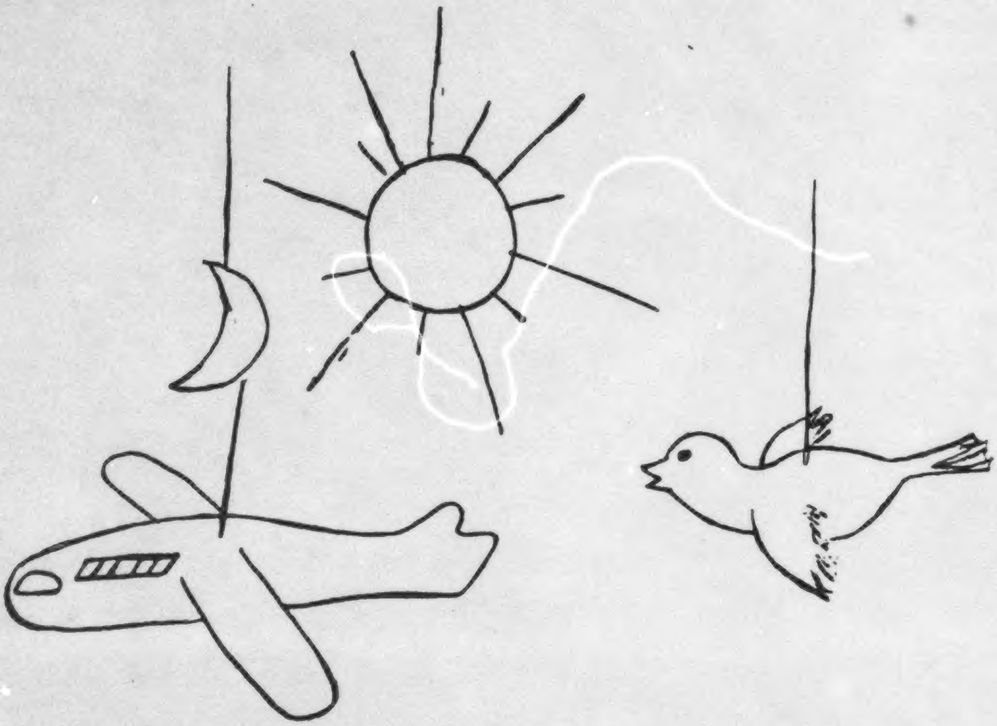
1. Clothes hangers, plastic metal or wood
2. Decorated match boxes
3. Colorful plastic shapes
4. Pictures glued on cardboard
5. Plastic straws, cut in various lengths
6. Decorated egg carton sections
7. Butterflies, birds, stars, etc. which have been cut from milk cartons and sprayed with glitter or covered with contact paper
8. Bells, lids from tin cans, wood rods, and other materials that make musical sounds
9. Transparent fish leader - 20 pound weight (This is the best material to hang mobiles)





FOR THOSE WHO LOVE MOBILES ....

If you are a person who can't live without mobiles, then you might follow the lead of this teacher. Hang many single strings of transparent fishing line from the ceiling or light fixtures. For each season of the year or for different holidays attach appropriate items to the strings. Some things you can hang are multicolored fall leaves, paper snowflakes, plastic icicles, small airplanes, or rockets, birds, the sun, moon, and stars ...



WALL DECORATIONS FOR FUN ....

.... FOR CONVERSATION ....

For the littlest ones to the toddlers simple decorations make the nursery walls cheerful and interesting. They are especially important after seven months of age when a baby is beginning to talk. Small children take notice of new wall decorations and enjoy having the caregiver hold them up to a new picture and talk about it. For the youngest children, uncomplicated pictures and cutout shapes are probably most effective. Although inexpensive prints in primary colors may be bought at stores or school supply houses, there are many types of homemade wall decorations that are equally or more effective.

TYPES OF WALL DECORATIONS

1. Simple construction paper cutouts
2. Magazine pictures
3. Simple cutouts of foam rubber, painted with food coloring or other nontoxic paints
4. Multicolored felt cutouts sewn or stapled together
5. Flowers and caterpillars made from egg cartons and pipe cleaners.
6. Flowers made from tissue paper.
7. Paper place mats in attractive flower prints or stripes
8. Sheets of gift wrap paper in soft or bright colors

SUBJECTS FOR WALL DECORATIONS ...

1. Pictures of babies and babies' possessions such as cup, spoon, shoes, cap
2. Familiar animals
3. Familiar flowers
4. Large graphic cutouts or pictures of children which clearly show the face and body
5. Seasonal and special subject decorations such as a large Christmas tree for Christmas, a carousel of circus animals, etc.
6. The child's own handprints and footprints

TO REMEMBER ABOUT WALL DECORATIONS ...

1. Change the decorations every two weeks or as soon as the children's interest seems to lag.
2. Put some decorations on the wall beside each child's crib.
3. Put a decoration near the eating area.
4. Use wall decorations to suggest themes important to your room, such as children eating if you are just beginning to feed children at a table, or children sleeping if naptimes are a problem, and so on.
5. Masking tape will hold up most wall decorations without damaging the paint; however, for hard-to-stick surfaces like cement and cinder block, strapping tape is preferable.

FOR THE ADULT . . .

THINGS TO COLLECT . . .

Aerosol can tops

Beads -- large ones

Boxes -- card boxes, match boxes, shoe boxes, kleenex boxes

Buttons -- big ones

Cans -- coffee, fruit juice, soup, vienna sausage, etc.

Cartons -- large appliance cartons, egg cartons, fruit shipping cartons

Clorox jugs -- plastic containers for liquid soap, etc.

Cloth scraps -- all textures, colors, designs

Corks

Feathers

Food containers -- plastic, aluminum

Magazine pictures -- post cards, prints, etc.

Oat meal and corn meal boxes

Paper cups, plastic tumblers

Papers -- scraps of all kinds, gift wrap, contact paper, wall paper, construction papers, etc.

Plastic bottles -- with screw tops, pill bottles, all sizes

Spools

String -- yarn, ribbon

Styrofoam

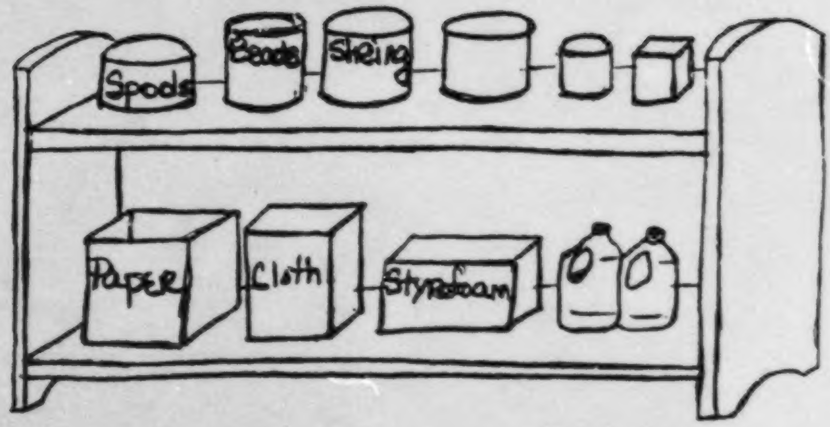
Tubes

Wheels

AND WHEN YOU HAVE

A BIG BEAUTIFUL COLLECTION . . .

. . . a way to organize them


Spools
Beads
String
Paper
Cloth
Styrofoam

THINGS TO BUY	WHERE TO BUY	APPROMIMATE COST
Pile Bond Super Glue by Goodyear	Variety or Discount Store	$ .69 tube
Strapping tape	" " " "	.69 roll
Transparent tape	" " " "	.39 roll
Transparent fishing leader (20 lb. weight)	" " " "	.49 for 20 yds.
Polyethylene plastic tubes (Golf club protectors)	" " " "	.19 each
Elastic cording	" " " "	.39 for 3 yds
Plastic dishpan	" " " "	.49 each
Kitchen Aid turntable	" " " "	1.29 each
Wide angle car mirror	" " " "	1.19 each
Contact paper	" " " "	.39 yd.
Bells (Christmas bells)	" " " "	.49 per doz.
Pipe cleaners	" " " "	.19 pkg.
Spray paint	" " " "	.98 per cannister
Tin snips	" " " "	2.98 each
Razor blade cutter	Art Supply Store	1.49 each
3 qt. ice cream carton	Local dairy shipping dept.	.35 each

APPENDIX E

Guidelines for Clinical Experience
in
Health Occupations Education

GUIDELINES FOR CLINICAL EXPERIENCE
IN
HEALTH OCCUPATIONS EDUCATION

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Health Occupations Education

November 1975

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Health Occupations Education courses which teach direct patient care should include clinical experience as an integral part of the course.

This paper provides information for local vocational education administrators and teachers who are establishing courses requiring clinical instruction.

Appreciation is expressed to Sally Ann McCloskey, Columbia-Montour Area Vocational-Technical School; Margaret Knaub, Franklin County Area Vocational-Technical School; and Glenna Wimer, Highlands Senior High School, each of whom provided the teachers point of view in planning clinical instruction.

The Health Occupations Education Vocational Consultants and Dr. Marvin Hole, Assistant Professor, Pennsylvania State University assisted in editing the paper.

The project was sponsored by the Pennsylvania State University.

GUIDELINES FOR CLINICAL EXPERIENCE
IN
HEALTH OCCUPATIONS EDUCATION

Purpose:

In teaching Health Occupations Education courses, it is impossible to simulate all the real life situations in the school laboratory. To provide these learning experiences for the students it is necessary to extend the laboratory into community health agencies. In any occupation in which there is direct patient care planned clinical experience shall be an integral part of the curriculum.

Definition:

Clinical experience is a planned learning activity arranged by the educational agency with a community health agency to meet specific course objectives of the curriculum. This is a technique primarily used in the allied health field in order that the student has an opportunity to perform a bona fide service in the "real world of work." Clinical programs are planned, implemented and supervised by the educational agency for the benefit of the students rather than a service to other people. The tasks performed are considered laboratory experiences rather than employment. There is no known way to insure high quality performance without providing for significant experimental learning in the actual health care environment.

Selection of a Clinical Facility:

The facility selected must be able to provide those experiences needed for meeting the required competencies. The following should be considered:

1. Agency personnel willing to cooperate with the school faculty and students.

2. Practicum objectives are met.
3. Accessibility of facility to school.
4. Student shall not replace an employee.
5. Assignments shall be made to a facility in which there is an employee in the occupation being taught.

LEGAL CONSIDERATIONS

1. All students are liable for their acts.
2. Malpractice insurance is recommended for the protection of students, faculty and school.
3. It is recommended that students be required to carry the school insurance of comparable coverage because of the increased risk.
4. Contractual arrangements protecting the school and the cooperating agency should be written, duly signed and on file.
5. The school has an obligation to guarantee that the student assigned to an area will be a safe practitioner.
6. Competencies assigned for practicum shall coincide with capability of students.
7. The school faculty is responsible for clinical assignment of students.
8. Confidentiality of privileged information within a health facility must be safeguarded.
9. Students' rights pertaining to grades and evaluation reports must be considered.
10. Written permission of parent and/or guardian to participate in clinical service should be on file.
11. Transportation of students to and from the affiliating agency is the responsibility of the local educational agency.

12. A non-discrimination clause should be included.
13. Students may be required to meet certain agency health standards.
14. Agency may request withdrawal of any student whose presence interferes with patients' rights.
15. For sanitation purposes, special protective uniforms may be required.
16. Identification of the student may be required.

ASSIGNMENT OF STUDENTS

1. Assignment of clinical activities is the responsibility of the faculty.
2. Assignment of student activities shouldn't be made consistent with program objectives.
3. Personnel of the affiliating agency should be informed of the achieved competencies. It is recommended that agency personnel be invited to visit school facilities and be made aware of activities.
4. Evaluation of clinical experience is the responsibility of the school.
5. Flexibility of assignments will permit consideration for emotional maturity, personal feelings and attitudes of the student.

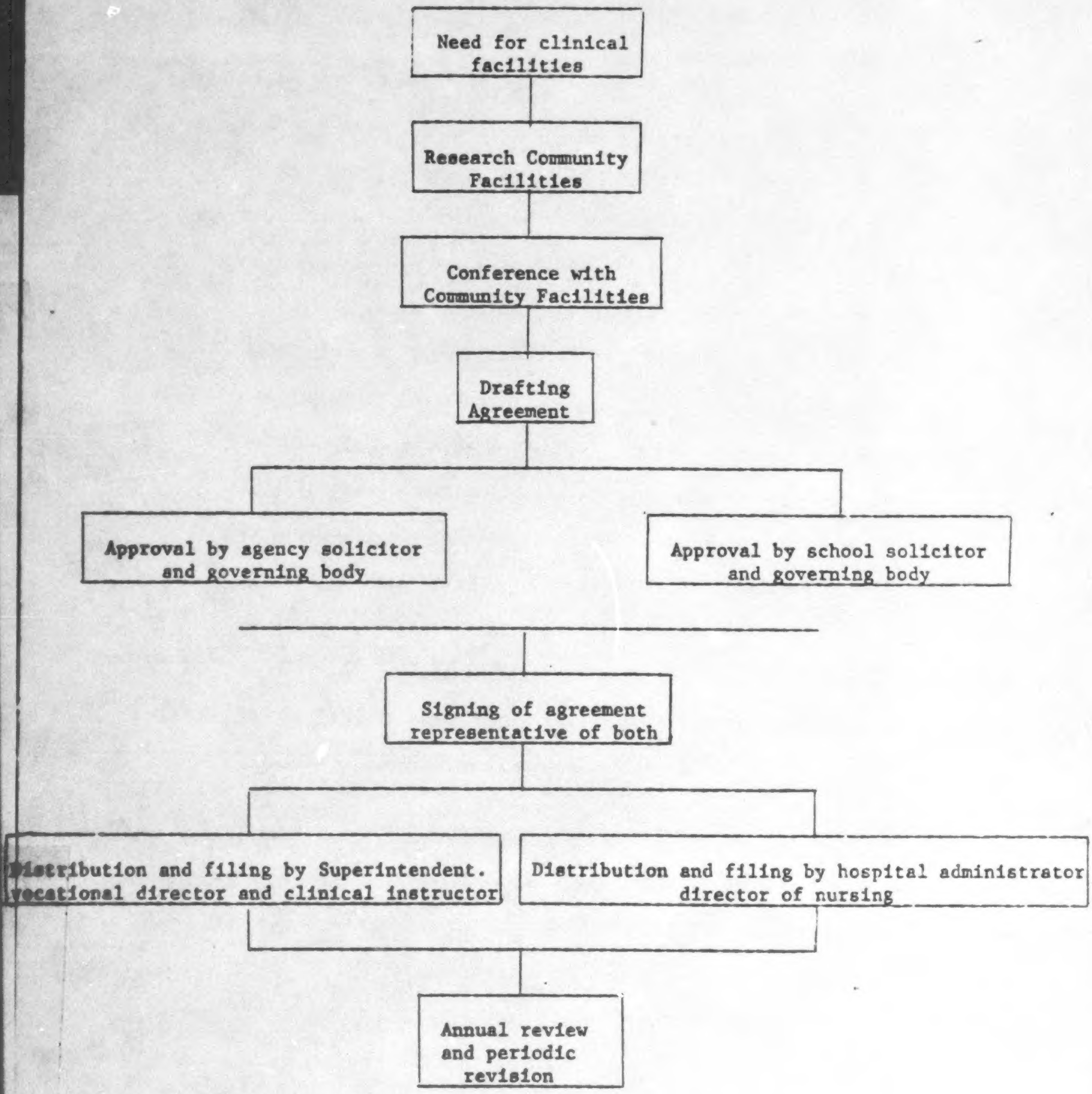
AGREEMENTS OF AFFILIATION

An agreement of affiliation is a legal contract between the school and the agency providing extended laboratory facilities for clinical experience. This agreement shall be written and duly signed by authorized personnel of both agencies. Separate individualized agreements are made with each affiliating agency. The purpose of this document is to protect both contractual parties.

1. The solicitors of both parties should be consulted.
2. Specify a definite starting date and ending date.

3. Provide for modification of agreement through mutual consent.
4. Agreement should be reviewed annually and rewritten as needed.
5. Maximum number of students to be assigned at a given time should be included.
6. It should contain the rights and responsibilities of both parties as well as those of the students involved.
7. It should be developed through participation by both parties.
8. Issues should be stated positively.
9. It should be as short as is practical.
10. It should clarify roles of each party.
11. Copies of the signed agreement should be shared with others in both agencies who occupy higher and lower levels of personnel involved.

FLOW CHART FOR PLANNING CLINICAL EXPERIENCE


Need for clinical facilities
Research Community Facilities
Conference with Community Facilities
Drafting Agreement
Approval by agency solicitor and governing body
Approval by school solicitor and governing body
Signing of agreement representative of both
Distribution and filing by Superintendent. vocational director and clinical instructor
Distribution and filing by hospital administrator director of nursing
Annual review and periodic revision

SAMPLE AGREEMENT

This agreement is being made on the _____ day of ___________, 19__ between the school district and the medical office of ______________________ for the latter party to provide a terminal clinical learning experience for students enrolled in the ______________________________ course.

This medical office agrees to provide the experiences routinely performed by the medical office student for the assigned student to perform under the direct supervision of the professional. The school will have given the student prior classroom instruction in these duties.

There will be a total of _____ students involved during the ______________ school term. ______________ students will be assigned one day per week from _____ a.m. - _____ p.m. for this experience.

The person responsible for supervision of the student at the medical office will agree to confer with the school instructor as to the student progress or problems.

____________________________________	____________________________________
School representative	Physician
____________________________________	____________________________________
Date	Date

(on school stationery)

MEMORANDUM OF AGREEMENT FOR CLINICAL EXPERIENCE

This agreement between Dr. ___(dentist)___ and the Franklin County Area Vocational-Technical School covers the period from September 1, 1975 to June 30, 1976, to provide an extention of the classroom into the clinical area. The agreement may be terminated by either party by submission of a written notice.

The clinical instructor is the designated representative of the school and any problem you have should be discussed with the school representative.

The student will report to your office daily Monday-Friday from 8:30 a.m. - 2:30 p.m. (during school hours). They will adher to personnel policies that have been discussed and agreed upon.

During the period of clinical experience the student will be able to observe and participate in the various phases of dental office practice.

An evaluation will be prepared on each student and it is recommended that this be discussed with the student.

The agreement will be reviewed annually and necessary changes made for renewal of the affiliation.

Signed: ______________ Date __________ Signed: ______________ Date __________

SCHOOL DENTIST